



**STATE OF MONTANA
DEPARTMENT OF ADMINISTRATION
HEALTH CARE AND BENEFITS DIVISION**

**PO Box 200127
Helena Montana 59620-0127**

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(406) 444-7462**

TO: Members of the State Employee Benefits Plan

FROM: Health Care and Benefits Division

DATE: September 10, 2007

SUBJECT: Changes for the 2008 Plan Year

Welcome to the Annual Benefit Change period for the 2008 plan year. Along with this booklet you will receive your personalized *Individual Benefits Statement Form* which summarizes your current benefit elections. We encourage you to review these materials and attend an annual change presentation to hear more information about how your benefits work and how you can make the optimal use of them.

You can elect your 2008 benefits with either your *Individual Benefits Statement* form or on-line if you are an employee with access to the MINE system. You can access this on-line application from your home or any public computer. This on-line application has been enhanced to offer additional personalized information to you while you are making your benefit elections including medical plan comparisons and cost calculators. Check for instructions on page 5 of this booklet. The deadline to submit changes for the 2008 plan year is October 22, 2007.

We have many exciting changes for 2008! While more detail is provided within the pages of this booklet on each benefit, some changes worth noting are:

• **Open Enrollment & Eligibility Changes (page 17)**

This is a ***new one-time*** opportunity for active members to add dependents to their medical plan coverage during the annual change period for the 2008 plan year. Eligibility rules change beginning January 1, 2008 to allow an additional 31 days (94 days after birth) for the enrollment of newborn and adopted children to the plan and allows dependent children to remain on the plan up to age 25 as long as they are unmarried and not in the military.

• **Medical Plan Changes (pages 8 -15)**

The Traditional Plan has been enhanced to include a bariatric benefit. Additionally, the lifetime maximum for each plan member has increased from \$1 million to \$2 million beginning January 1, 2008.

• **Prescription Drug Plan (pages 17)**

The prescription drug plan is changing beginning January 1, 2008 to assess a higher coinsurance for brand named drugs that are not on the formulary listing. This change is necessary to offset the continuous rise in prescription drug costs and to encourage members to use more efficient alternatives (generic and brand formulary) whenever possible.

• **Life Insurance (page 24)**

We are pleased to offer employees enrolling or increasing their spouse optional life coverage during the Annual Change period up to \$10,000 in coverage without evidence of insurability. For employees and retirees under age 65, there is also a slight premium increase on Basic (Plan A) life insurance.

- **Employee Assistance Program enhancement (page 25)**

This benefit has been enhanced to include free, confidential health coaching for members to offer assistance and support to make positive lifestyle changes.

As of January 1, 2008 the state share contribution for benefits on behalf of active employees increases to \$590 per month. This is a \$33 per month increase over the 2007 plan year contribution.

- > For **employees who cover only themselves**, the amount of additional state share which remains for use in purchasing benefits outside the core benefits or setting aside in a flexible spending account can be as much as **\$113 per month!**
- > Once again, **employees and their dependents** will see no out-of-pocket increase in premium costs depending on medical plan selected. In some cases, employees or families may actually see a reduction of up to **\$71 per month** in their net out-of-pocket premium costs!
- > **Retirees and their dependents** out-of-pocket costs for premiums can increase or decrease depending on what medical plan is selected and whether you are Medicare eligible or not.
 - For the Traditional Plan, rates for non-Medicare retiree premiums increased on average by \$33 per month in response to the increase in state share contribution. However, for non-Medicare retirees who are eligible and opt to select the Blue Choice or New West Plans, premium changes may be more favorable. The Blue Choice Plan premiums decrease in some rate tiers between \$38-76 per month. Please take a moment and review the information related to managed care plans and their coverage areas when selecting a medical plan.
 - For **Medicare retirees, premiums increase by \$0-94** depending on medical plan selected and rate tier.

Once again we encourage you to review this packet carefully and make your benefit choices. Please review the schedule of Annual Change Presentations on page 7 of this booklet and attend a meeting. Additionally, we will post a podcast of the presentation on our website (www.benefits.mt.gov) the week of September 24, 2007. If you are unable to attend or view the podcast, please call us at 1-800-287-8266 or 444-7462 (in Helena) and we will be happy to assist you.

We look forward to seeing you at the Annual Change presentations and please remember that the **deadline for submitting benefit changes for 2008 is October 22, 2007.**

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WORKERS' COMPENSATION MANAGEMENT PROGRAM

Sponsored by the Health Care and Benefits Division - Department of Administration
Workers' Compensation Management Bureau
1-800-287-8266 or 444-7462 • www.benefits.mt.gov



GENERAL INFORMATION

PROGRAM DESCRIPTION

The Workers' Compensation Management Bureau has been charged with developing programs designed to enhance the safety of all work environments, assist our injured workers in their healing process and ensure that all injured State of Montana employees receive the best care possible and are **returned** to work absolutely as soon as possible following on-the-job injuries. This will improve the well-being of all employees and provide for an efficient Workers' Compensation program. This program, sponsored by the Department of Administration, assists employees and agencies in ensuring a safe working environment, reduce the incident of injuries and accidents in the workplace, and to help employees who are injured to be able to return to meaningful and productive work as soon as possible.

WHO IS ELIGIBLE

All State employees are eligible for this program. In addition, the Department of Administration will serve as a central resource for agencies in efficient policy management, enhancement of existing safety, loss-prevention, and return-to-work activities as well as facilitating access to these activities for agencies which do not currently have them in place.

WORKING SAFE - GETTING STARTED

The first step toward keeping yourself and your workplace injury-free is awareness of the safety and loss-prevention tools available to you. During the upcoming year, additional resources will be provided for your agency and/or from the Health Care and Benefits Division website at www.benefits.mt.gov.

1. Be aware of your environment and head off problems. Participate in safety seminars and programs if available and learn about keeping yourself, your

work environment, and your co-workers free from injury.

2. Use proper safety equipment and follow recommended safety standards and protocols. Get the right equipment for the job and avoid injury (that includes office work – repetitive motion injuries are a significant portion of our experience within the State).

3. Take safety seriously. A moment of distraction or carelessness is all it takes to cause a lifetime of disability.

4. Take responsibility individually for keeping yourself safe and observing the safety of others.

Employees who are eligible for health insurance benefits can also take advantage of the various programs available through their benefits package. The Health Care and Benefits Division offers several programs to enhance and protect the health of State of Montana employees. The Fall and Spring Fitness programs, Annual Health Screenings, *Why Weight and Well on the Way* are some of the programs available to State of Montana workers aimed at enhancing overall health and reducing potential for disability.

SAFETY RESOURCES

Safety is an integral part of the Workers' Compensation Management program for State employees. Safety newsletters, workshops, posters, incentive programs and articles are key components in communicating effectively. Department of Administration, Department of Labor and Montana State Fund are cooperating to ensure that workers have access to safety management services to reduce the overall number of workplace injuries and illnesses.

Please check within your agency to determine what resources exist as well. Agencies have safety personnel who can assist in making sure you have the resources and information you need.

FRAUD FINDERS

What is fraud? It is more than an employee faking an injury. It encompasses medical providers authorizing and billing excessive or uncompleted medical services or employers falsifying payroll records to lower premiums. When fraud occurs, it costs all of us and it is **AGAINST THE LAW!** To report suspicious activity, you can either fill out State Fund's **Internet Reporting Form** (accessible from the *On-line Tools/Report Fraud* section of their website), or call their **Fraud Hotline: 888-MTCRIME (888-682-7463)**. All contacts will remain strictly confidential.

REPORTING AN INJURY

Filing a "First Report of Injury" is the initial step to get injured employees the medical care they need to heal their injury and get them back to work as soon as possible. Injured Employees should report an on-the-job injury as soon as it happens to an assigned staff person or supervisor and file a "First Report of Injury" (FROI) form immediately thereafter. We strongly recommend filing within 24-hours of a reported accident.

FILING A FIRST REPORT

Telephone Reporting - Call State Fund at 1-800-332-6102 and a customer service specialist will complete the "first report of injury" with you over the telephone.

Paper/Hardcopy Reporting - Download the form from the State Fund's website at www.montanastatefund.com and print or type information on the form and mail or fax it to: Montana State Fund, P.O. Box 4759, Helena, MT 59604-4759. State Fund's fax number is 406-444-5963.

On-Line Reporting - You can fill out your First Report of Injury form directly on-line at www.montanastatefund.com. However, due to the sensitivity of the information you will be providing, you must log in with a User ID and password. Always make sure you file your personal information from a secured source.

BENEFIT ELECTION INSTRUCTIONS

Welcome to the Annual Change period for the 2008 Benefit Plan Year. This is your **only** opportunity to elect or change certain benefit options for the upcoming year, so please take the time to review this instructional information. The State's comprehensive package of benefits is an important part of employees' compensation, and we want to help employees make the most of their benefits.

1. Read this booklet.
2. Attend a Benefits Presentation (**schedule is listed on page 7**). Family members are welcome!
3. Decide what benefit options you will elect for the 2008 Benefit Plan Year. You may use the Benefit Premium Cost worksheet on page 39 to determine your out-of-pocket costs.
4. Submit your 2008 benefit elections by **October 22, 2007** using one of the following methods:
 - a. Complete and return the *Individual Benefits Statement Form* or
 - b. Make your benefit elections on-line (must have MINE access)

For on-line access from your work location:

1. Log into MINE
2. Select the Employee Self Service link on the Enterprise Menu
3. Select the Benefits link
4. Select the Benefits Enrollment link



For on-line access from home or other public place:

1. Go to the State Employee Access site at www.mt.gov/employee
2. Select the Employee Self-Service Portal link
3. Log into MINE
4. Select the Employee Self Service link
5. Select the Benefits link
6. Select the Benefits Enrollment link.

State Employee Access

This page is for state of Montana employees and those doing work

Web Mail Login Instructions for Logging on to Outlook Web Access Spam Blocker (Espion Interceptor) FAQs	Citrix F Log Ins
Current Virus DAT files Current Version 4.0.4835 Updated 08/23/2006 DOWNLOAD DAT in WINDOWS ZIP format (file size 7.93MB) DOWNLOAD SUPERDAT in WINDOWS EXE format (file size 8.54MB) DOWNLOAD DAT in UNIX TAR format (file size 9.13MB)	MINE Em Onl out

5. If you made your elections on-line, you will receive an **automatic e-mail Confirmation Statement** verifying your elections. Confirmation Statements will also be mailed the week of November 26, 2007.

GLOSSARY

Allowable charges

A set dollar allowance for procedures/services that are covered by the plan.

Benefit year/Plan year

The period starting January 1 and ending December 31 of each year.

Certification/pre-certification

A determination by the appropriate medical plan administrator that a specific service – such as an inpatient hospital stay – is medically necessary. Pre-certification is done in advance of a non-emergency admission by contacting the plan administrator.

Coinsurance

A percentage of allowable and covered charges that a member is responsible for paying, after paying any applicable deductible. The medical plan pays the remaining allowable charges.

Copayment

A fixed dollar amount for allowable and covered charges that a member is responsible for paying. The medical plan pays the remaining allowable charges. This type of cost-sharing method is typically used by managed care medical plans.

Covered charges

Charges for medical services that are determined to be medically necessary and are eligible for payment under a medical insurance plan.

Deductible

A set dollar amount that a member and family must pay before the medical plan begins to share the costs.

Formulary

A list of prescription drugs that are preferred because of their effectiveness and cost. Copayments and coinsurance rates are lower for formulary drugs than for nonformulary drugs. The formulary listing can be found on the Health Care and Benefits website at www.benefits.mt.gov.

In-network providers

Providers who contract with a managed care plan to manage the delivery of care for plan members.

Joint Core

An option that is available when both spouses are eligible state employees and have eligible dependents on their coverage. Spouses and children have only one family deductible and one family out-of-pocket maximum and may have a slightly lower premium than enrolling separately.

Managed care medical plan

Plans that offer first dollar coverage for services such as office visits that are exempt from deductible. These plans also provide differing levels of benefits for in-network and out-of-network providers.

Nonformulary

A list of prescription drugs that are not preferred. Copayments and coinsurance rates are higher for nonformulary drugs than for formulary drugs.

Out-of-network provider

Any provider who renders services to a managed care member, but is not a participant in the plan's network.

Out-of-pocket maximum

The maximum dollar amount of any coinsurance that a member or family must pay in a benefit year. Once the out-of-pocket maximum has been paid, the member or family is not responsible for paying any further allowable charges for the remainder of the benefit year. The out-of-pocket maximum does not include deductibles or copayments.

Participating provider

A provider who has a contract with the plan administrator to accept allowable charges as payment in full.

Prior authorization

A process that determines whether a proposed service, medication, supply, or on-going treatment is covered.

HELENA BENEFITS PRESENTATION SCHEDULE

EMPLOYEES AND RETIREES:

Date	Time	Location
Tuesday, September 18	1 - 3 PM	DPHHS Auditorium
Thursday, September 20	9 - 11 AM 1 - 3 PM	DPHHS Auditorium
Monday, September 24	1 - 3 PM	DPHHS Auditorium
Tuesday, September 25	9 - 11 AM 1 - 3 PM	DPHHS Auditorium
Tuesday, October 9	9 - 11 AM 1 - 3 PM	DPHHS Auditorium
Monday, October 15	9 - 11 AM 1 - 3 PM	MDT Auditorium
Friday, October 19	9 - 11 AM 1 - 3 PM	DPHHS Auditorium

RETIREES:

Date	Time	Location
Tuesday, September 18	9 - 11 AM	DPHHS Auditorium
Monday, September 24	9 - 11 AM	DPHHS Auditorium

OTHER CITY BENEFITS PRESENTATION SCHEDULE

EMPLOYEES AND RETIREES:

City	Date	Time	Location	
Billings	Thursday, October 11	1 - 3 PM	Holiday Inn Grand	5500 Midland Road Gallatin Room
Boulder	Tuesday, September 25	9 - 11 AM	MT Development Center	Treatment Service Rm 118
Bozeman	Friday, October 12	10 - 12 PM	Holiday Inn/5 Baxter Lane	Jefferson Room
Butte	Tuesday, September 25	1 - 3 PM	Copper King Inn	Anselmo/Badger Room
Deer Lodge	Tuesday, October 2	10 - 12 PM	Pen Convention Center	925 Main Street
Dillon	Wednesday, October 17	1 - 3 PM	Pioneer Plaza/102 S Washington	Tom Welch Room
Glasgow	Friday, September 28	9 - 11 AM	Frances Mahon Hospital	Via METNET conference
Glendive	Friday, September 28	9 - 11 AM	Glendive Medical Center	Via METNET conference
Great Falls	Thursday, October 4	9 - 11 AM* 2 - 4 PM*	Holiday Inn/400 10th Ave. S. School for the Deaf & Blind	Trailsend Room 3911 Central Avenue
Havre	Wednesday, October 3	1 - 3 PM	AmericInn	2520 Hwy 2 West
Kalispell	Wednesday, September 26	2 - 4 PM	Outlaw Inn/Bull Dog 1711 Highway 93 South	Winchester Room
Lewistown	Friday, September 21	1 - 3 PM	Yogo Inn/211 E Main	Snowy Room
Libby	Wednesday, September 26	9 - 11 AM	City Hall/952 E Spruce	Ponderosa Room
Miles City	Friday, September 28	9 - 11 AM	Miles Community College	Via METNET conference
Missoula	Thursday, September 27	9 - 11 AM 1 - 3 PM	Wingate Inn/5252 Airway Blvd	Ballroom
Shelby	Friday, September 28	9 - 11 AM	Marias Medical Center	Via METNET conference
Warm Springs	Tuesday, October 2	2 - 4 PM	Montana State Hospital	300 Garnet Way/Classroom

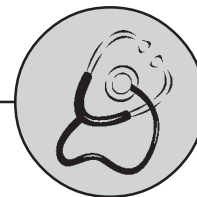
***Hearing Impaired Interpreter**

If auxiliary aids/equipment are needed, call 1-800-287-8266 or TDD relay at 1-800-253-4091 one week prior to presentation.

ANNUAL SCHEDULE OF BENEFITS

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MEDICAL PLAN



Blue Cross/Blue Shield of Montana • 1-800-423-0805 or 444-8315
www.bluecrossmontana.com

New West Health Plan • 1-800-290-3657 or 457-2200
www.newwesthealth.com

Peak Health Plan • 1-866-368-7325
www.healthinonetmt.com

MEDICAL RATES

Monthly and Per Paycheck Premiums

	Traditional	Blue Choice	Peak	New West
Employee	\$557/\$279	\$466/\$233	\$524/\$262	\$444/\$222
Employee & spouse	\$762/\$381	\$630/\$315	\$722/\$361	\$618/\$309
Employee & children	\$662/\$331	\$550/\$275	\$630/\$315	\$538/\$269
Employee & family	\$776/\$388	\$642/\$321	\$734/\$367	\$628/\$314
Joint Core	\$598/\$299	\$498/\$249	\$570/\$285	\$488/\$244

MEDICAL PLAN COSTS

Annual Deductible

(Applies to all services unless noted or a co-payment is indicated)

Coinsurance Percentages (% of allowed charges member pays)

General

Preferred Facility Services *(See pages 37-38 for a list of preferred facilities)*

Nonpreferred Facility Services *(See page 37 for a list of non-preferred facilities)*

Annual Out-of-Pocket Maximums

(Maximum coinsurance paid in the year; excludes deductibles and copayments)

You pay deductible and coinsurance on allowable charges (see glossary on page 6).

MEDICAL PLAN COSTS

Hospital Inpatient Services*

**Pre-certification of non-emergency hospitalization is strongly recommended & required by some plans - see plan descriptions*

Room Charges

Ancillary Services*

Surgical Services*

Hospital Outpatient and Surgical Center Services*

BENEFIT YEAR 2008

NON-MEDICARE MEDICAL RATES (under age 65)

Monthly Premiums	Traditional	Blue Choice	Peak	New West
Retiree	\$557	\$466	\$524	\$444
Retiree & spouse	\$762	\$630	\$722	\$618
Retiree & children	\$662	\$550	\$630	\$538
Retiree & family	\$776	\$642	\$734	\$628
Retiree & Medicare spouse	\$652	\$542	\$620	\$532
Retiree & Medicare spouse and child	\$680	\$564	\$646	\$554

MEDICARE MEDICAL RATES (age 65 +)

Monthly Premiums	Traditional	Blue Choice	Peak	New West
Medicare retiree	\$194	\$172	\$188	\$160
Medicare retiree & spouse	\$408	\$344	\$394	\$340
Medicare retiree & children	\$346	\$294	\$338	\$292
Medicare retiree & family	\$430	\$362	\$414	\$358
Medicare retiree & Medicare spouse	\$358	\$304	\$348	\$300
Medicare retiree & Medicare spouse & family	\$386	\$328	\$374	\$322

TRADITIONAL PLAN

Administered by BCBS of MT

MANAGED CARE BENEFIT PLANS

BLUE CHOICE - Administered by Blue Cross/Blue Shield of MT

NEW WEST - Administered by New West Health Plan

PEAK - Administered by Peak Health Plan

Benefits

\$550/Member
\$1,650/Family

25%
20%
35%

Average of \$2,500/Member
(20% - 35% of \$10,000 in allowable charges)

Average of \$5,000/Family
(20% - 35% of \$20,000 in allowable charges)

Member Coinsurance:

20% - 35%

20% - 35%

20% - 35%

20% - 35%

20% - 35%

In-Network Benefits

\$400/Member
\$800/Family

25%

\$2,000/Member
\$4,000/Family

Member Coinsurance/Copayment:

25%

25%

25%

25%

25%

Out-of-Network Benefits

Separate \$500/Member
Separate \$1,000/Family

35%

Separate \$2,000/Member
Separate \$4,000/Family

Member Coinsurance:

35%

35%

35%

35%

35%

ANNUAL SCHEDULE OF BENEFITS

MEDICAL PLAN SERVICES

Physician/Professional Services (not listed elsewhere)

Office Visits

Inpatient Physician Services*

Lab/Ancillary/Injectibles/Miscellaneous Charges*

Emergency Services

Ambulance Services for Medical Emergency

Emergency Room (*If there is an inpatient emergency admission, see plan description for authorizing follow up care.*)

Hospital Charges

Professional/Ancillary Charges

Urgent Care Services

Facility/Professional Charges

Ancillary - Lab & Diagnostic Charges

Maternity Services

Hospital Charges*

Physician Charges (including delivery, pre and post-natal office visits) and lab charges*

Ultrasounds*

Routine Newborn Care

Inpatient Hospital Charges

Preventive Services (see plan descriptions for what services are covered and when)

Adult Exams and Tests

Adult Immunizations (such as Pneumonia and Flu)

Allergy Shots

Child Checkups and Immunizations

Mental Health Services

Inpatient Services*

Max: One inpatient day may be exchanged for two partial hospital days.

Outpatient Services

With EAP counselor referral

With NO EAP counselor referral

BENEFIT YEAR 2008

TRADITIONAL PLAN	MANAGED CARE IN-NETWORK	MANAGED CARE OUT-OF-NETWORK
25% (no deductible for first two non-routine office visits)	\$15/visit (covers professional charges only)	35%
25%	25%	35%
25%	25% (no deductible on injectibles without an office visit)	35%
25%	\$100 copay	\$100 copay
20%-35%	\$75/visit for facility charges only (waived if inpatient hospital or out-patient surgery coinsurance applies)	\$75/visit for facility charges only (waived if inpatient hospital or out-patient surgery coinsurance applies)
25%	25%	25%
25%	\$25/visit	\$25/visit
25%	25%	35%
20% - 35%	25%	35%
25%	0% if member enrolls in a prenatal program in first trimester of pregnancy; 25% without timely enrollment	35%
25%	25% (waived on first ultrasound if member enrolls in prenatal program as described above)	35%
20% - 35% (no deductible)	25% (no deductible)	35%
25% (no deductible) Max: 2 bone density tests/lifetime Max: \$500 for colonoscopy, sigmoidoscopy, or proctoscopy	\$15/visit (including specified labs) 0% (no deductible) for periodic mammograms 25% for periodic bone density scans, EKG sigmoidoscopies, double contrast barium, enemas, proctoscopies & colonoscopies	35% (plan pays \$75.00 for periodic mammograms - no deductible)
\$50 Max (no deductible)	\$15 with office visit 25% (no deductible) without office visit up to \$10	35%
25% (no deductible)	\$15 with office visit 25% (no deductible) without office visit up to \$10	35%
25% (no deductible) 0% (no deductible for County Health Department through age 7)	\$15/visit Max: Schedule recommended by US Department of Health & Human Services	35%
20% - 35% Max: 21 days (No max for severe conditions)	25% Max: 21 days/yr (No max for severe conditions)	35% Max: 21 days/yr (No max for severe conditions)
25% Max: 40 visits/yr (No max for severe conditions)	\$15/visit Max: 30 visits/yr (No max for severe conditions)	35% Max: 30 visits/yr (No max for severe conditions)
50% Max: 20 visits/yr (No max for severe conditions)	\$15/visit Max: 30 visits/yr (No max for severe conditions)	35% Max: 30 visits/yr (No max for severe conditions)

ANNUAL SCHEDULE OF BENEFITS

MEDICAL PLAN SERVICES

Chemical Dependency Services

Inpatient Services*
(*Inpatient services must be certified. Pre-certification is strongly recommended.*)

Outpatient Services*
With EAP counselor referral

With NO EAP counselor referral

**Dollar max for all Chemical Dependency Services: Combined inpatient/outpatient max of \$6,000/year; \$12,000/lifetime; \$2,000/year after max is met.

Rehabilitative Services - Physical, Occupational, Cardiac, Pulmonary, and Speech Therapy*

Inpatient Services*

Outpatient Services

Alternative Health Care Services

Acupuncture

Naturopathic

Chiropractic

Extended Care Services

Home Health Care*

Hospice*

Skilled Nursing*

Miscellaneous Services

Disease Process Education & Dietary/Nutritional Counseling

Durable Medical Equipment, Appliances, and Orthotics* (*Prior authorization required for amounts >\$1,000*)

PKU Supplies

Obesity Management* (*All plans require prior authorization*)

TMJ Treatment* (*All plans require prior authorization*)

Infertility Treatment* (*All plans require prior authorization*)

Bariatric Benefit* (*see page 14 for more details - requires prior authorization*)

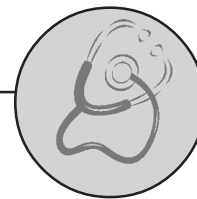
Organ Transplants (*Must be certified. Pre-certification is strongly recommended.*)

Transplant Services (including out-of-state travel)*

BENEFIT YEAR 2008

TRADITIONAL PLAN	MANAGED CARE IN-NETWORK	MANAGED CARE OUT-OF-NETWORK
20%-35% Max: Dollar Limit**	25% Max: Dollar Limit**	35% Max: Dollar Limit**
25% Max: 40 visits and Dollar Limit**	\$15/visit Max: Dollar Limit**	35% Max: Dollar Limit**
50% Max: 20 visits and Dollar Limit**	\$15/visit Max: Dollar Limit**	35% Max: Dollar Limit**
20% - 35% Max: 60 days/yr	25% Max: 60 days/yr	35% Max: 60 days/yr
20% - 35% Max: \$2,000/year for all outpatient (\$10,000/year for prior-auth. conditions)	\$15/visit Max: 30 visits/yr	35% Max: 30 visits/yr
25% (plus charges over \$30/visit)	Not covered	Not covered
25% (plus charges over \$30/visit)	Not covered	Not covered
25% (plus charges over \$30/visit) Max: 25 visits in any combination	\$15/visit Max: 20 visits/yr	35% Max: 20 visits/yr
25% Max: 70 days/yr	\$15/visit Max: 30 visits/yr	35% Max: 30 visits/yr
25% (20% - 35% if hospital-based) Max: 6 months	25% Max: 6 months	35% Max: 6 months
25% (20% - 35% if hospital-based) Max: 70 days/yr	25% Max: 30 days/yr	35% Max: 30 days/yr
20% - 35% Max: \$250/yr	0% (no deductible) Max: \$250/yr	35% Max: \$250/yr
25% Max: \$100 for foot orthotics (per foot)	25% (Not applied to out-of-pocket max) Max: \$100 for foot orthotics (per foot)	35% (not applied to out-of-pocket max) Max: \$100 for foot orthotics (per foot)
25%	25% (no deductible)	35%
25%	25% non-surgical only	Not covered
25%	25% surgical only	Not covered
25% 1 in-vitro attempt per lifetime	25% Max: 3 artificial inseminations/lifetime	Not covered
25% Lifetime Max: \$35,000	Not covered	Not covered
25% • Liver: \$200,000 • Heart: \$120,000 • Lung: \$160,000 • Heart/Lung: \$160,000 • Bone Marrow: \$160,000 • Pancreas: \$68,000 • Cornea/Kidney: No maximum	25% \$500,000 lifetime maximum with \$5,000 of the maximum available for travel to and from the facility.	Not covered

MEDICAL INSURANCE PLANS - 2008



Administered by:

Blue Cross/Blue Shield of Montana • 1-800-423-0805 or 444-8315 • www.bluecrossmontana.com

New West Health Plan • 1-800-290-3657 or 457-2200 • www.newwesthealth.com

Peak Health • 1-866-368-7325 • www.healthinphonetmt.com

WHO IS ELIGIBLE?

Employees, Legislators, Retirees, COBRA members and their dependents (spouse, domestic partner, children) of the State Benefit Plan are eligible for the Medical Insurance Plan. Employees are required to be enrolled in medical coverage unless they waive the entire benefit package. For more information about dependent eligibility, see page 16.



CLICK ON IT!

Learn more about the participating providers by visiting the plan's web sites at:

www.bluecrossmontana.com

www.newwesthealth.com

www.healthinphonetmt.com

HOW TO DECIDE THE RIGHT PLAN FOR YOU

1. Read about each plan in the General Information section on this page.
2. Review/compare each plan's costs, deductibles and services in the Schedule of Benefits starting on page 8 or through the SOME information resource available on the MINE.
3. Review your typical health care needs compared with the structure of the plans.
4. If you are considering a managed care plan, review the Managed Care Areas section on pages 34-36.
5. Determine which plan will work best for your personal situation.
6. If you choose to change plans for the 2008 benefit year, indicate your choice on the *Individual Benefit Statement* or on-line as indicated on page 5.

GENERAL INFORMATION

The State of Montana offers an indemnity insurance plan and three managed care plans to choose from:

- **Traditional Indemnity Plan**
- **Blue Choice**
- **New West Health Plan**
- **Peak Health Plan**

LIFETIME MAXIMUM INCREASED



Beginning January 1, 2008, the lifetime maximum (the maximum the plan pays) per person on the plan increases from \$1 million to \$2 million.

TRADITIONAL PLAN

The Traditional indemnity plan is administered by Blue Cross and Blue Shield of Montana (BCBS), which processes claims and payments, provides customer service and notice to members in the form of an Explanation of Benefits (EOB). BCBS also contracts with health care providers to offer plan members a provider network — providers who have agreed to accept certain plan allowances.

How The Plan Works

Plan members obtain medical services from a covered health care provider. If the provider is a BCBS provider, he or she will submit a claim for the plan member. BCBS

will then process the claim and send an EOB to the plan member, indicating their payment responsibilities (deductible and/or coinsurance costs) to the provider. The Plan then pays the remaining allowable charges, which the provider accepts as full payment. Please verify a provider is currently participating by calling BCBS or checking their website.

If the provider is not a BCBS provider, you may be required to pay the entire fee and file a claim for reimbursement. There may be unallowed charges which you will have to pay.

Bariatric Benefit



This benefit is available only on the Traditional plan. In order to qualify, you must be on the State plan for 18 months, have a body mass index over 40, and participate in the health screening and *Why Weight* programs (page 26). For cost information, see pages 12 & 13.

Preferred Facility Services

Plan members may obtain covered medical services from any covered hospital. However, certain hospitals and surgical centers offer services for members on the Traditional plan that are subject to lower coinsurance rates. Please refer to the Participating Facilities section on page 37 for a list of these facilities. For your protection,

it is strongly recommended to pre-certify all inpatient hospital services by calling your plan's customer service phone number, listed at the top of this page.

Out-of-State Services

The Blue Card Program lets plan members tap into BCBS plan networks in other states. If the out-of-state BCBS plan includes "hold harmless" provisions, the member will not be responsible for balances above the allowable amount.

MANAGED CARE PLANS

Blue Choice, New West Health Plan, and Peak Health Plan are managed care plans offered through the Montana Association of Health Care Purchasers, a purchasing pool of which the State is a member. The plans generally provide the same package of benefits, but there are differences in costs, providers and requirements for receiving services.

How They Work

The benefits of managed care plans depend on the health care provider the member uses. When a network provider is used, the in-network benefits apply. When an out-of-network provider is used, out-of-network benefits apply (unless a required referral/authorization is obtained).

In-Network Benefits

Anytime a network provider is used, the in-network (highest level of benefit) is applied. For a complete listing of all in-network providers including specialists, check the plan administrator's website or call their Customer Service number. A referral/authorization is not required for the plan member to see an in-network specialist. Referrals/authorizations are required to see an out-of-network specialist and still receive the plan's in-network benefits.

Out-of-Network Benefits

When plan members obtain services from providers who are not part of the plan's network, with no required referral/authorization, costs will be more because a separate and higher deductible, a higher coinsurance rate, and a separate out-of-pocket maximum apply.

Major Plan Differences

The major difference in the managed care plans are the participating providers

and the process for referrals/authorizations.

Check which providers participate by visiting the plan websites listed on page 14. To obtain an authorization to see an out-of-network provider from the New West plan, the member must contact New West directly.

Referrals for the Blue Choice and Peak Health plans are obtained through your Primary Care Provider.

Out-of-State Services

Plan members may receive in-network benefits for medical services in other states for a medical emergency. For non-emergency services out-of-state, please contact your plan administrator for specific provider network information.

SERVICE AREAS

The Traditional Plan is available to members living anywhere in Montana or throughout the world. The plan includes services of any covered providers. However, providers who are not BCBS member

providers may charge more for a service than the plan allows, leaving you responsible for paying the difference.

The managed care plans – Blue Choice, New West Health Plan, and Peak Health Plan – are available to members living in certain areas in Montana. Please see pages 34-36 for a complete listing of covered zip codes for each plan.

Blue Choice

This plan is available in most of Western Montana and many other towns including Bozeman, Billings, Great Falls, and Havre.

New West Health Plan

This plan is available in most of Western Montana and many other towns including Bozeman, Billings, Great Falls, Havre, Libby, and Miles City.

Peak Health Plan

This plan is available to members in Billings, Butte, Deer Lodge, and nearby communities.

MEDICAL PLAN COST COMPARISONS

This cost comparison shows how each medical plan would process the same service and what costs the plan member would be responsible for paying. The example is **cumulative** with respect to deductibles and coinsurance. The first line of each example shows the total costs to the member. The next three lines show how that cost is divided between copays, costs applied to the deductible, and coinsurance costs. It does not include premium costs, which are outlined on pages 8 and 9. These examples assume the services were for one member. This is simply an example for ease of plan comparison and is not a guarantee that similar services will process identically.

Sample Services	TRADITIONAL		MANAGED CARE PLANS	
	Allowable Charge		In-Network	Out-of-Network
Office visits 1, 2, & 3 (\$50 each)	\$150	You pay → \$75	\$45	\$150
Copay costs			\$45 (\$15/each)	
Costs applied to deductible		\$50*		\$150
Coinsurance costs		\$25		
Lab charges with office visit 1	\$75	You pay → \$75	\$75	\$75
Copay costs				
Costs applied to deductible		\$75	\$75	\$75
Coinsurance costs				
Specialist Visit (i.e. dermatologist)	\$200	You pay → \$200	\$15	\$200
Copay costs			\$15	
Costs applied to deductible		\$200		\$200
Coinsurance costs				
Preferred hospital inpatient	\$8,500	You pay → \$1,880	\$2,368.75	\$3,023.75
Copay costs				
Costs applied to deductible		\$225	\$325	\$75
Coinsurance costs		\$1,655	\$2,043.75	\$2,948.75
OR				
Nonpreferred hospital inpatient	\$8,500	You pay → \$3,121.25	N/A	N/A
Copay costs				
Costs applied to deductible		\$225		
Coinsurance costs		\$2,896.25		

*First two office visits are exempt from the deductible for this comparison.

OPEN ENROLLMENT & ELIGIBILITY INFORMATION

Administered by the Health Care and Benefits Division
1-800-287-8266 or 444-7462 • www.benefits.mt.gov

OPEN ENROLLMENT

Open Enrollment is a limited opportunity for members to add dependents to their 2008 medical plan during this Annual Change period beginning September 12 through October 22, 2007.

WHO IS ELIGIBLE?

Active employees are eligible to add dependents to the medical plan during this Annual Change period. **Retirees are not eligible to add dependents during Annual Change.**

ENROLLING DEPENDENTS

To add dependents to the medical plan using your *Individual Benefits Statement*, check the "add" box in the **Member & Dependent Information** section of your Individual Benefits Statement and write in "M" in the **Coverage** column. Additionally, complete the Birthdate, Relationship, and Social Security Number sections with the appropriate information.

Dependents can also be added on-line as described on page 5.

The deadline to add dependents to your medical plan and to make all other plan changes for 2008 is **October 22, 2007**.

Dependents added during this period will be effective January 1, 2008 and are subject to all pre-existing condition waiting periods as defined in the Summary Plan Document (available on-line at www.benefits.mt.gov).

DECLARING DEPENDENT'S TAX STATUS

A *Declaration of Tax Status* form will be sent to all employees who have added dependents on to medical, dental, or vision during the Annual Change period. This form must be completed and returned immediately to apply the appropriate tax treatment to your dependents. Failure to return the form will result in dependents being defaulted to a non-qualified status. For more information, check out the Declaration of Tax Status page on the Health Care and Benefits website at www.benefits.mt.gov.

For employees who completed a *Declaration of Tax Status* form last year on their dependents, check your *Individual*

Benefits Statement to ensure that the status is still correct. If changes are needed, please complete and return a new *Declaration of Tax Status* form (available on-line at www.benefits.mt.gov)

DELETING DEPENDENTS

You may also delete dependent coverage during this period by checking the "delete" box on the line next to the dependent you wish to delete on your *Individual Benefits Statement* or on-line as described on page 5.

Once a dependent is removed from the plan, they may not be re-enrolled without a qualifying event (described on this page).

The deadline to delete dependents and to make all other plan changes for 2008 is **October 22, 2007**.

ENROLLING DEPENDENTS AFTER ANNUAL CHANGE

After the Annual Change period, dependent coverage enrollment is only allowed during these circumstances (referred to as qualifying events):

- within 63 days of becoming a dependent (through marriage, or court-ordered support/custody/legal guardianship);
- within 63 days of losing eligibility (not cancellation) for other group coverage;
- within 63 days of losing an employer's contribution toward other group coverage, sustaining a major increase in out-of-pocket costs, or losing benefits.
- **within 63 days after the 31-day automatic coverage period (94 days from birth) after birth or adoption. This new 94 day enrollment period begins 1/1/08.**



Notify your Agency Insurance Personnel when one of the above circumstances occurs (within the specified time-frames) to enroll dependents.

If you have questions regarding your specific situation, please call us at the number above or check out the plan rules described in the Summary Plan Document available on-line at www.benefits.mt.gov.

2008 PLAN YEAR DEFINITION OF ELIGIBLE DEPENDENTS

Eligible dependents include:

1. The eligible employee's lawful spouse or declared domestic partner. (Declaration of Domestic Partnership forms may be found on the Health Care and Benefits Division website at www.benefits.mt.gov)
2. The eligible employee's dependent children who are under age 25, unmarried, and not in full-time active military service.

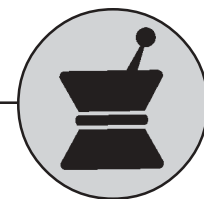
It is the responsibility of the member to remove any dependents who cease to be eligible. Failure to do so will result in the member being held responsible for repayment of any claims dollars paid out for ineligible dependents.

QUESTIONS?

There are many ways to contact the Health Care and Benefits Division:
Email: benefitsquestions@mt.gov
Web: www.benefits.mt.gov
Phone: 1-800-287-8266 or 444-7462 in Helena.



PRESCRIPTION DRUG PLAN - 2008



Administered by Caremark (formerly Pharmicare) • 1-888-347-5329 • www.pharmacare.com

Retail Pharmacy Deductible

\$100/Member
\$300/Family

Mail Order Pharmacy Deductible

\$0/Member
\$0/Family

Out-of-Pocket Maximums

Each Prescription \$250
Each Member \$1,400/year
Each Family \$2,800/year

Type of Drug	Local Pharmacy Costs (After Deductible)	Mail Order Pharmacy Costs
Supply Amount	• 30-day maximum	• 90-day maximum
Generic If Rx cost is <\$10 If Rx cost is \$10+	• Actual pharmacy charges • 10% coinsurance (\$10 minimum)	• \$20 copay + 10% of cost over \$400*
Brand, Formulary If Rx cost is <\$25 If Rx cost is \$25+	• Actual pharmacy charges • 20% coinsurance (\$25 minimum)	• \$40 copay + 20% of cost over \$400*
Brand, Nonformulary If Rx cost is <\$40 If Rx cost is \$40+	• Actual pharmacy charges • 40% coinsurance (\$40 minimum)	• \$60 copay + 40% of cost over \$400*

* For prescriptions costing more than \$400 for a 90-day supply, call Caremark to determine the total out-of-pocket cost.

GENERAL INFORMATION

WHO IS ELIGIBLE?

The Prescription Drug Plan is a benefit for all state employees, retirees, and COBRA members and their eligible dependents. Any member enrolled in a medical insurance plan will automatically receive this plan. There is no separate premium for this plan.

PRESCRIPTION OPTIONS

Prescription drugs may be obtained through the plan at either a local pharmacy (30 day supply) or a mail-order pharmacy (90 day supply). Members who use maintenance medications can experience significant savings by utilizing a mail order pharmacy.

Local Pharmacies

You may obtain up to a 30-day supply of all covered prescriptions from a local pharmacy. Retail pharmacy prescriptions are subject to a \$100 per person/\$300 per family annual deductible. If you use a

pharmacy in the Caremark Preferred Network and have met your deductible, you only pay the applicable coinsurance. You will have no unallowed charges.

Network pharmacy listings can be found on pages 31 - 33 of this booklet or on the Caremark website at www.pharmacare.com.

Formulary drug listings can also be found at the Caremark website or on the Health Care and Benefits website at www.benefits.mt.gov.

Mail Order Pharmacies

You may obtain up to a 90-day supply of all covered prescriptions with **no deductible**.

Mail order pharmacies are: Caremark Mail Service Pharmacy (1-888-347-5329) or Ridgeway Pharmacy (1-800-630-3214).

Mail order forms are available at Health Care and Benefits Division or at the Caremark website at www.pharmacare.com.

PRESCRIPTION COSTS

Please refer to the chart above for information on prescription drug costs. Generic and brand-named drugs which are on the formulary list (available at www.benefits.mt.gov) are lower in cost than the brand name alternatives which are not on the formulary listing.

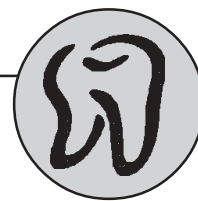
PRIOR AUTHORIZATIONS

Some drugs require prior or special authorization. Contact Caremark at 1-888-347-5329 to inquire if this may apply to your prescription.

COVERAGE REMINDER

Coverage for Proton Pump Inhibitors (PPI) such as Aciphex, Nexium, Prevacid and Protonix are available under the prescription drug plan as long as they are filled at a retail pharmacy. Because of the availability of an over-the-counter alternative (Prilosec and its generic Omeprazole), PPI drugs are not available through the mail order facilities.

DENTAL PLAN - 2008



Administered by Blue Cross/Blue Shield of Montana
1-800-423-0805 or 444-8315 • www.bluecrossmontana.com

Deductible

\$50/Member
\$150/Family

Monthly and Per Paycheck Premiums

Member/Retiree only	\$31.00/\$15.50
Member/Retiree and spouse	\$47.50/\$23.75
Member/Retiree and children	\$46.00/\$23.00
Member/Retiree and family	\$53.20/\$26.60
Joint Core	\$36.00/\$18.00

Covered Services

Type A: Preventive and Diagnostic

Plan Pays

• 100%**

Limitations/Maximums

- One full-mouth X-ray or series in any 36-month period.
- One set of supplementary bitewing X-rays in any 180-day period.
- Two exams and/or cleanings in any benefit year.
(Fluoride application covered through age 16.)
- No deductible or yearly dollar maximum apply.

Type B: Fillings, Oral Surgery, etc.

• 80%**

- Subject to \$50 combined (with type C) deductible
- Subject to \$1,200 combined (with type C) yearly maximum

Type C: Dentures, Bridges, etc.

• 50%**

- Subject to \$50 combined (with type B) deductible
- Subject to \$1,200 combined (with type B) yearly maximum
- Dental sealants – limited to covered dependents under age 16 – may be applied to molars once per tooth per lifetime.

**Of allowable charges.

GENERAL INFORMATION

WHO IS ELIGIBLE?

Employees are required to be enrolled in dental coverage unless they waive the entire benefit package. Members also choose which dependents to cover. During the Annual Change period, you may add and/or delete dependents from the dental plan by selecting the appropriate boxes on the *Individual Benefit Statement* or on-line as described on page 5.

SERVICE TYPES

Dental plan benefits are paid differently depending on the type of service received.

There is a \$50 per member, \$150 family deductible for Type B & C services only. The deductible does not apply to Type A preventive services.

Each member and dependent has a maximum yearly benefit of \$1,200 for Type B & C services only.

If you use a Blue Cross Blue Shield participating dentist, you will not be responsible for costs beyond the allowable charges for covered services.

Type A Services

The Dental Plan pays 100 percent of the allowable charges for Type A Services (not subject to deductible):

1. Diagnostic – Dental X-rays required in connection with the diagnosis of a specified condition requiring treatment. Dental X-rays are limited to one full mouth X-ray or series in any 36-month period and not more than two sets of supplementary bitewing X-rays in any benefit year.

2. Preventive – Oral examination, including prophylaxis (cleaning) and topical application of fluoride for dependent children under 16 years of age, but *not more than two examinations and/or applications in any benefit year.*

3. Unscheduled minor emergency treatment to relieve pain.

4. Mucogingivoplastic surgery
5. Endodontics
6. Periodontics
7. Oral surgery

Type C Services

The Dental Plan pays 50 percent of the allowable charges (after deductible) for Type C Services:

1. Crowns, bridge abutments (bridge retainers crowns), inlays, onlays, pontics and gold and porcelain fillings. Replacement of crowns is limited to once every five years.

2. Bridges.

3. Repair and rebasing of existing dentures.

4. Initial and replacement dentures, limited to no more than one set of replacement dentures in any 5-year period.

5. Up to \$1,500 per person, per lifetime for dental implants while under the plan. This maximum is separate from the yearly maximum.

6. Dental sealants, limited to covered dependents under age 16 applied to molars once per tooth per lifetime. Repair and resealing are not covered.

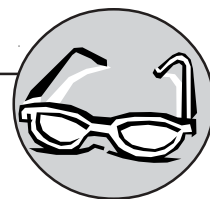
Type B Services

The Dental Plan pays 80 percent of the allowable charges (after deductible) for Type B Services:

1. Passive space maintainers
2. Extractions
3. Fillings

VISION PLAN - 2008

Administered by EyeMed Vision Care underwritten by Fidelity Security Life Insurance Co.
 1-866-723-0513 Fax: 1-866-293-7373
www.enrollwitheyemed.com/access (prior to enrolling)
www.eyemedvisioncare.com (after enrolling)



Reminder

**Enrollment
is not
automatic!**

Monthly and Per Paycheck Premiums	
Member/Retiree only	\$ 7.64/\$ 3.82
Member/Retiree and spouse	\$14.42/\$ 7.21
Member/Retiree and children	\$15.18/\$ 7.59
Member/Retiree and family	\$22.26/\$11.13

Covered Services	Frequency	Coverage from an EyeMed Doctor	Out of Network Reimbursement
Eye Exam	12 months	\$10 copay	\$45 allowance
Frames	24 months	\$125 allowance with 20% discount over \$125	\$47 allowance
Standard Lenses (plastic single vision, bifocal & trifocal)	12 months	\$20 copay	\$45 allowance - single vision \$55 allowance - bifocal \$65 allowance - trifocal
UV coating		\$15 copay	N/A
Tint (solid and gradient)		\$15 copay	N/A
Scratch Resistance (standard)		\$15 copay	N/A
Polycarbonate		\$40 copay	N/A
Anti-Reflective Coating (standard)		\$45 copay	N/A
Progressive Lens		\$65 copay	N/A
Other Add-ons and Services		20% off retail price	N/A
Contact Lenses (if used instead of glass lenses)	12 months	\$125 allowance	\$80 allowance
Medically Necessary Contacts*		Paid in full	\$200 allowance

*Contact lenses that are required to treat medical or abnormal visual conditions, including but not limited to eye surgery (such as cataract removal), visual perception in the better eye that cannot be corrected to 20/70 through the use of eyeglasses, and certain corneal or other disease of the eye.

GENERAL INFORMATION

WHO IS ELIGIBLE?

Employees, retirees, legislators, COBRA members and their dependents are eligible for this optional benefit.

Using Your EyeMed Benefit

Quality vision care is important to your eye wellness and overall health care. Accessing your EyeMed Vision Care benefit is easy. Simply locate a participating provider, schedule an appointment, present your ID card at the time of service, and the provider will take care of the rest.

Locating your Doctor

Check the on-line provider locator at www.enrollwitheyemed.com/access for a listing of providers near your zip code.

Once enrolled, visit, www.eyemedvisioncare.com to view coverage and eligibility information.

Value Added Discounts

Members will receive a 20% discount on items not covered by the plan at Network Providers, which may not be combined with any other discounts or

promotional offers, and the discount **does not apply** to EyeMed Provider's professional services, or contact lenses.

Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA vision. Since Lasik or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization please call 1-877-5LASER6.

Members receive a 40% discount off complete pair of eyeglasses purchased and an additional 15% discount off conventional contact lenses once the funded benefit has been used.

After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com. The contact lens benefit allowance is not applicable to this service.

Out-Of-Network Providers

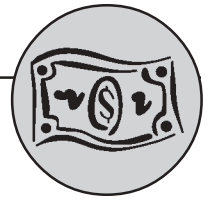
Once enrolled, members can access their out-of-network benefit by:

- 1) Downloading an Out-of-Network Claim Form from the EyeMed Vision Care website, www.eyemedvisioncare.com, or by calling the Customer Care Center. Forms may be filled in on-line, saved, attached to an e-mail and sent to oonclaims@eyemedvisioncare.com.
- 2) Make an appointment with an out-of-network provider they trust as their choice vision care provider.
- 3) Pay for all services at the point of care and receive an itemized receipt from the provider office.
- 4) Complete the out-of-network claim form and submit along with receipts to EyeMed Vision Care's claims department for direct reimbursement.

You may fax your claim form to the fax number above. For fastest processing of your claim, utilize the fax or e-mail opportunities.

PRE-TAX PLAN - 2008

Administered by the State of Montana Health Care and Benefits Division
1-800-287-8266 or 444-7462 in Helena • www.benefits.mt.gov



Benefit of Participation

Pre-tax Eligible

Eligible Premiums

- Medical, dental, vision, accidental death & dismemberment coverage, up to \$50,000 in employee term life, long term disability and flexible spending account elections.

****IRS regulations do not permit refunds of premiums paid pre-tax. Be sure to notify the Health Care and Benefits Division of any changes as soon as possible to avoid losing premiums.***

GENERAL INFORMATION

The State offers benefits to employees who are eligible through a cafeteria plan as authorized by Section 125 of the Internal Revenue Code.

The Pre-tax Plan allows you to pay for your portion of most of your insurance premiums on a pre-tax basis, and save money on your taxes. If the state contribution covers your insurance elections entirely, you do not pay premiums out-of-pocket. If so, you do not need to participate in the Pre-tax Plan, unless you have a Flexible Spending Account. Benefit Plan members enrolled in a Flexible Spending Account must participate in the Pre-tax Plan.

WHO IS ELIGIBLE?

All employees enrolled in the State Employee Benefit Plan are eligible to participate in the Pre-tax Plan.

Your current election will continue unless you change your election on the

Individual Benefits Statement form. Employees who enroll in a Flexible Spending Account are required to participate in the Pre-tax Plan.

ELIGIBLE BENEFITS

Premiums for the member's medical, dental, vision, accidental death & dismemberment (AD&D), employee term life, long term disability, and flexible spending elections may be paid pre-tax through the Pre-tax Plan. Additionally, premiums for the member's tax qualified dependents are also eligible for this plan.

INELIGIBLE BENEFITS

Dependent life insurance coverage, supplemental spouse life insurance coverage, and Long Term Care insurance coverage are defined by IRS code as taxable benefits and are excluded from the Pre-tax Plan. Member's non-qualified tax dependents do not qualify for the pre-tax plan.

RETIREES & COBRA MEMBERS

Retirees and COBRA members may prepay premiums up to the end of the year on a pre-tax basis. However, if you are thinking about leaving State employment and either taking COBRA or retiring, consider your circumstances carefully before prepaying premiums. If you have mid-year coverage changes that reduce the amount of your premium, *no refund of premiums is available.*

If you are on COBRA and you or your spouse lose eligibility because you obtain other employment offering coverage or become eligible for Medicare, *no refund of prepaid premiums is available.*

If you are a retiree and no longer need state insurance because of other coverage, *no refund of prepaid premiums is available.*

Consult your tax advisor to determine the specific effect the Pre-tax Plan will have on your taxes.

LOSS OF ELIGIBILITY

If the employee divorces, their spouse and any stepchildren will lose their eligibility.

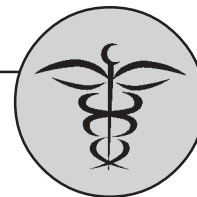
Dependent children will lose their eligibility if/when the dependent child turns 25 years old, marries or joins the military. Dependents losing eligibility for coverage due to divorce, turning age 25, or marriage will become ineligible at the end of the month for which a partial or full premium has been paid.

WHAT'S THE CATCH?

According to an interpretation of IRS rules, a potential drawback of the Pre-tax Plan is that no refund of overpaid premiums is available. This means you must notify the Health Care and Benefits Division right away if a dependent spouse or child loses eligibility for coverage. If you do not notify the Division of a loss of eligibility, and more premiums are taken out of your check than you owe, no refund of premiums is available. Also, remember that gross earnings for purposes of determining social security benefits are reduced by pre-tax deductions.

FLEXIBLE SPENDING ACCOUNTS - 2008

Administered by ASI • 1-800-659-3035 • FAX 1-866-381-9682 • www.asiflex.com



Account Types

Medical

Annual Amounts

- Minimum: \$120
- Maximum: \$5,000/Employee

Qualifying Expense Examples

- Eye exams, contact lenses and solution, glasses, LASIK surgery, dental exams and services, chiropractic care, prescription drugs and insulin, hearing aids and exams, doctor visits, copays, and deductibles.
- Day care centers (must comply with state and local laws), baby-sitters, preschool, and general-purpose day camps.

Dependent Care

- Minimum: \$120
- Maximum: \$5,000/Family

Administrative cost is \$2.16 per month.

GENERAL INFORMATION

WHO IS ELIGIBLE?

Active employees eligible for State benefits are eligible for the Flexible Spending Account (FSA) Program.

Retirees, Legislators, and COBRA members are not eligible to participate.

There are limited opportunities to change your election during the plan year. Contributions can only be changed if you experience a family status change such as:

- marriage;
- divorce;
- birth of a baby;
- adoption of a baby;
- death of spouse/dependent child, or;
- a change in employment status which warrants the change.

The change must be “on account of” and “consistent with” the change in family status. For example, new dependents warrant increasing a medical FSA, not decreasing it. The change must be made within 63 days of the qualifying event or in the case of births/adoptions within 63 days after the 31-day automatic coverage ends (94 days from date of birth).

HOW FSAs WORK

Flexible Spending Accounts (FSAs) work very much like tax-favored savings accounts. You can enroll in a Medical FSA to pay for family medical expenses not covered by insurance, and a dependent care FSA to pay for day care expenses.

You decide how much money you want to deposit in the FSA for the benefit year. That amount is then divided by 12 to determine the monthly election amount.

IMPORTANT!

You must re-enroll each year to participate in a Flexible Spending Account. Enrollment is not automatic!

Your selected amount is removed from your paychecks in 24 installments, first from any unused state contribution, and then from gross pay (before taxes) and deposited into your FSA. As you incur eligible expenses, you turn in a simple claim form and receive payment. There is a monthly \$2.16 administration fee for one or both FSAs (\$25.92 per year).

Use It or Lose It!

Any money not used for qualified expenses incurred during the plan year is forfeited. This is known as the “use it or lose it” provision of Section 125 of the IRS code. Therefore, be conservative and accurate when estimating expenses for the plan year.

The Medical and Dependent Care FSAs are separate accounts. If you enroll in both, you may not use funds deposited in the Medical FSA for dependent care expenses, or vice-versa.

Getting Reimbursed

To be reimbursed for qualified expenses, submit a claim form and expense receipt (i.e. EOB or day care provider receipt) to ASI either by fax or mail at the address listed on the claim form. ASI will send reimbursement within 24 hours of receiving your expense claim. ASI mails claim forms when you sign up for an FSA; the forms are also available on ASI's web site. Expenses must be incurred during the plan year. This may or may not be the same time that you are billed or pay for the services or products.

TAX ISSUES

Since you receive pre-tax treatment on the money you place in an FSA, you cannot claim the items reimbursed to you through an FSA on your tax return. Health care expenses paid through an FSA are 100 percent tax exempt. On your tax return, non-FSA medical expenses are only deductible if they exceed 7.5 percent of your adjusted gross income. For most families, a Medical FSA provides more tax benefit. Please consult your tax advisor for more information.

Because day care expenses are typically much greater than predictable out-of-pocket medical expenses, Dependent Care FSAs typically generate the greatest tax savings.

Dependent FSA or Child Care Credit?

Generally, families with an adjusted gross income of \$28,000 or more will save more money with the flexible spending plan. However, you should check with your tax advisor concerning your circumstances. You cannot use the child care credit for any amounts reimbursed through the plan.

WILL A MEDICAL FSA ACCOUNT HELP YOU?

Medical FSAs may be used to reimburse out-of-pocket medical expenses (expenses not paid by insurance) which are allowed as medical deductions by the IRS on your federal tax return. The full amount you elect for the plan year is available after the first contribution is deposited, even though the full amount is not yet collected.

If you answer "yes" to any of the following questions, and you pay income taxes, a Medical FSA can save you money.

☐ Is anyone in your family planning on getting a hearing aid, contact lenses or glasses, or laser eye surgery?

☐ Do you expect to pay deductibles, coinsurance, or copayments under your medical and prescription drug insurance plans?

☐ Is anyone in your family planning on noncosmetic orthodontia treatment during the next year?

☐ Are you or another family member due for a crown or bridge work which requires a 50 percent copay?

Qualifying Health Care Expenses

For a complete list of qualifying health care expenses, refer to IRS Publication 502 (also available on ASI website). Some examples include:

- Eye exams, contact lenses, contact lens solution, glasses, LASIK surgery
- Dental exams, cleanings, fillings, crowns, braces

- Chiropractic care
- Prescription drugs and insulin
- Hearing aids and exams
- Routine doctor visits
- Copays and deductibles

Ineligible Health Care Expenses

- Insurance premiums
- Warranties
- Service agreements
- Cosmetic procedures or products
- Health club dues
- Vitamins and herbs

DO YOU QUALIFY FOR A DEPENDENT CARE FSA?

The costs of child care and the care of dependent adults unable to care for themselves are very predictable. That predictability helps you determine how much money to put into a Dependent Care FSA. Under governing IRS statutes, the child care necessary for you and your spouse (if married) to work or attend school full time could be reimbursed from a Dependent Care FSA under the following circumstances:

☐ The amount to be reimbursed must not be greater than your or your spouse's annual earnings, whichever is lower.

☐ A dependent child must be younger than 13 and dependent upon you for at least 50 percent of his/her financial

support. Care may be provided either inside or outside your home, but may not be provided by anyone considered your dependent for income tax purposes, such as an older child.

☐ A dependent adult must be physically or mentally incapable of caring for himself or herself and must be dependent upon you for at least 50 percent of his or her financial support. Care may be provided either inside or outside your home. However, expenses outside your home are eligible only if the dependent regularly spends at least eight hours each day in your household.

Unlike the Medical FSA, Dependent FSA claims are reimbursed only after contributions have been deposited in the account.

Qualifying Day Care Expenses

For a complete list of qualifying day care expenses, refer to IRS Publication 503. Some examples include:

- Day care centers (must comply with state and local laws)
- Baby-sitters
- Preschool (before Kindergarten)
- General-purpose day camps

Ineligible Day Care Expenses

- Food or transportation
- Activity fees
- Education expenses (Kindergarten or higher)
- Overnight camps (including daytime portion)
 - Private school tuition (Kindergarten or higher)

CLICK ON IT!

ASI's web site offers a wealth of resources for FSA participants:

- Find out how to file a paper claim, or print out a claim form.
- Look up the IRS guidelines of allowed services, including information regarding orthodontia, prescription eye wear, and contact lens solution claims.
- Print a form to sign up for direct deposit to your bank account, and get a personal e-mail notice of each deposit.
- Find out the status of your account using a personal identification number (PIN), which is printed on your ASI confirmation statement.



www.asiflex.com

MEDICAL/DEPENDENT CARE FSA WORKSHEETS

ELECTING A MEDICAL FSA AMOUNT

This worksheet will help you decide an appropriate annual election for a Medical FSA. Estimate your total annual health care expenses for the 2008 plan year (January 1 - December 31) based on expenses to date and any additional expenses expected before December 31. For this information, refer to medical bills, financial and bank records, and this year's Explanation of Benefits statements (EOBs).

Insured Expenses	2007	Estimated 2008
Insurance deductibles	\$ _____	\$ _____
Insurance copayments	\$ _____	\$ _____
Dental deductibles/coinsurance	\$ _____	\$ _____
Expenses beyond benefit limitations/coinsurance	\$ _____	\$ _____

Out-of-Pocket Expenses

Immunizations, vaccinations	\$ _____	\$ _____
Birth control expenses	\$ _____	\$ _____
Routine exams and physicals not covered by insurance	\$ _____	\$ _____
Noncosmetic orthodontic expenses	\$ _____	\$ _____
Vision exams	\$ _____	\$ _____
Eyeglasses & contacts	\$ _____	\$ _____
Hearing exams/Hearing aids	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

Total projected out-of-pocket expenses for 2008 \$ _____

Total out-of-pocket expenses you are sure of and want to pay through a Medical FSA \$ _____

HOW MUCH MONEY SHOULD GO INTO MY DEPENDENT CARE FSA?

Use this worksheet to determine an appropriate Dependent Care FSA election.

Monthly Care Expenses	Estimated 2008
Infant/toddler	\$ _____
Preschool	\$ _____
Before and after school care	\$ _____
School vacations/holidays	\$ _____
Other dependent care	\$ _____
Total Monthly Expenses	\$ _____
	x 12

Total Annual Estimated Care Expenses=\$ _____

IMPORTANT!

Please be sure this amount divides by 24 evenly (the number of deductions in the plan year).

LIFE INSURANCE PLAN - 2008

Administered by The Standard Insurance Company
For information, call the Health Care and Benefits Division • 1-800-287-8266 or 444-7462



Monthly Premiums

Plan A: Basic Life (\$14,000)	\$1.90
Plan B: Dependent Life	\$0.52
Plan C: Optional Employee Life	(Age Rate) x (every \$1,000 of coverage)
Plan D: Optional Spouse Life	(Age Rate) x (every \$1,000 of coverage)
Plan E: Accidental Death & Dismemberment (Employee only)	\$0.020/\$1,000 of coverage
Plan E: Accidental Death & Dismemberment (Employee plus dependents)	\$0.030/\$1,000 of coverage

Age Rates

Based on employee's age
the last day of month

<30 ...	\$0.03
<35 ...	\$0.05
<40 ...	\$0.08
<45 ...	\$0.10
<50 ...	\$0.15
<55 ...	\$0.23
<60 ...	\$0.43
<65 ...	\$0.66
65+ ...	\$0.98

GENERAL INFORMATION

WHO IS ELIGIBLE?

The Basic Life Insurance Plan is a core benefit for all active employees, legislators, and non-Medicare retirees. Optional life insurance and Accidental Death & Dismemberment (AD&D) is available for employees, spouses, and dependents.

LIFE AND AD&D PLANS

Life Insurance is a type of insurance which provides a sum of money if the person who is insured dies while the policy is in effect.

Accidental Death & Dismemberment (AD&D) provides a sum of money if the insured dies or suffers a dismemberment as the result of an accident.

During Annual Change you may delete coverage for plans B, C, D, and E. You may add or increase Plan E and apply for coverage or additional coverage under plans C and D. You may decrease coverage in Plan C down to your annual salary, rounded to the next highest \$5,000 increment.

CHOOSE FROM FIVE PLANS

The State of Montana offers five plans of coverage. The life insurance plans are term life, meaning they provide inexpensive protection but do not accrue any cash value.

A member is eligible to carry all life plans until termination or retirement. At termination, no life plans may be continued through COBRA. At retirement, only Plan A – Basic Life can be continued until age 65 or Medicare eligible. It's usually best to choose other life insurance if you want post-employment protection. However, conversion to a higher-cost individual plan is available if requested at the time life coverage terminates.

Plan A – Basic Life

This plan provides \$14,000 of term-life coverage. It is a core benefit for state employees and is also available to retirees under age 65 who continue state benefits.

Plan B – Dependent Life

This plan is only available during your initial 31-day enrollment period, or within the first 63 days of acquiring a spouse or your first child. Plan B offers \$2,000 of coverage for a spouse and \$1,000 of coverage for each dependent child.

During Annual Change you can only delete existing coverage for Plan B.

Plan C – Optional Employee Life

This plan offers an insurance minimum of your annual salary rounded to the next highest \$5,000. Plan C coverage is automatically adjusted in \$5,000 increments as the employee's salary increases.

Additional amounts are available in \$5,000 increments, up to \$500,000. These additional amounts require evidence of insurability to be submitted and approved.

Plan D – Optional Spouse Life

This plan offers insurance on your spouse's life. During this Annual change period, you can elect or increase your Plan D coverage up to \$10,000 without evidence of insurability (guaranteed enrollment). The employee must be enrolled in Plan C for their spouse to be eligible for Plan D. Coverage is available for a minimum of \$5,000.

Additional amounts are available in \$5,000 increments, up to the amount of your coverage available under Plan C.

Plan E – Optional Accidental Death & Dismemberment

This plan is available without evidence of insurability.

Employee Only: Coverage is available between a minimum of \$25,000 and a maximum of \$500,000, in \$25,000-increments. The coverage may not exceed 10 times your annual salary.

Employee and Dependents: The employee receives the same coverage as described above. A spouse with no children is eligible for 50 percent of the employee coverage. A spouse with children is eligible for 40 percent of the employee coverage. Children are eligible for 10 percent of the employee coverage.

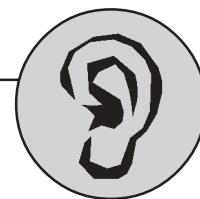
MAKING A CHANGE

If you are adding or increasing plans C or D (above \$10,000), you will receive a Medical History Statement (application) from the Health Care and Benefits Division. You must complete and return this statement, which will be forwarded to Standard Insurance Company for underwriting and approval or denial. You will be notified of the underwriting decision and, if approved, the effective date.



EMPLOYEE ASSISTANCE PROGRAM - 2008

Administered by Reliant Behavioral Health (RBH) • 1-866-750-0512 • www.ReliantBH.com



Covered Services

Short-term Services
Counseling
Legal Consultations
Financial Consultations

Long-term Services (Traditional Plan)
Counseling
Psychiatric Services
Chemical Dependency Services

Costs

• Free
• Free
• Free

• 25% with RBH referral
• 25% with RBH referral
• 25% with RBH referral

Annual Maximums

• 4 visits per issue
• 1/2 hour consultation
• unlimited

• 40 outpatient visits
• 40 outpatient visits
• 40 outpatient visits

*Inpatient and Non-referred Services are covered in the Mental Health & Chemical Dependency sections of the Schedule of Benefits.

GENERAL INFORMATION

WHO IS ELIGIBLE?

The Employee Assistance Plan is an add-on benefit for all state employees, legislators, retirees, and COBRA members enrolled in a medical insurance plan. There is no separate premium for this plan, and it includes all dependents living in or outside of your household.

THE BENEFITS

The EAP benefits provide a variety of services including confidential counseling, legal and financial services, access to the Personal Advantage website, and 24-hour, toll-free access to crisis counselors.

CONFIDENTIAL COUNSELING

The EAP offers local, short-term counseling for a variety of issues including family, relationship, work stress, anxiety, grief, and other problems that may challenge you on a daily basis. You and your family members are eligible for up to 4 free counseling sessions for each issue you encounter.

If a plan member involved in short-term counseling needs a higher level of care or long-term counseling, RBH will initiate a referral for the appropriate care. See your medical plan for coverage of longer-term services such as psychiatric care, chemical dependency, and longer-term counseling.

Traditional plan members will receive a better benefit for outpatient visits when they first obtain an RBH referral.

Managed care members do not need a referral to use RBH for short-term counseling needs. Please contact your plan administrator to determine referral requirements prior to receiving long-term benefits.

By utilizing the services provided by RBH at no direct cost to you, the plan also experiences cost savings, which are ultimately passed on to all of the plan participants.

HELP IS HERE!

To schedule an appointment for:

- confidential counseling
- health coaching
- legal or financial services
- maternity services
- 24-hour crisis assistance.

CALL

1-866-750-0512

LEGAL & FINANCIAL SERVICES

You have convenient access to legal and financial professionals by simply contacting the EAP.

Legal services include a free, half-hour consultation, by phone or in person, followed with a 25% discount in legal fees. *Legal services are not provided for any employer related issues.*

Financial services provide unlimited phone access to financial professionals for assistance and appropriate referrals for a variety of issues such as debt counseling, budgeting, college planning, retirement planning, etc. Members who retain financial professionals receive a 25% discount for services.

PERSONAL ADVANTAGE WEBSITE

The EAP includes a wellness focused website, Personal Advantage, where you can

access self-care tools and up-to-date information on work stress, parenting, relationships, personal growth, health, and child & eldercare resources, along with more than 60 on-line trainings.

To login to Personal Advantage

1. Go to www.ReliantBH.com
2. Click on the Register button
3. Follow the Registration instructions

24-HOUR CRISIS HELP

Crisis counselors are available 24 hours a day, 365 days a year to assist you or a family member experiencing a crisis situation. To access, call 1-866-750-0512.

MATERNITY SERVICES

Health plan members have access to free maternity services including risk assessments, educational information, referrals, and other resources to help achieve a healthier pregnancy.

Complete a brief assessment with a nurse to determine your pregnancy needs, and you'll receive a useful gift for your participation.

If you or your spouse is pregnant, you can access maternity services including free prenatal vitamins, by simply calling the EAP number 1-866-750-0512.

HEALTH COACHING

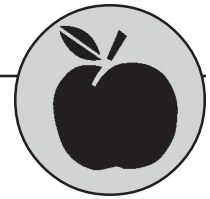
Have you been thinking about losing weight or trying to exercise more? Maybe now is the time to quit smoking for good. Why not get a little support from a health coach?

All State plan members and their adult dependents have access to **free, confidential health coaching**. This benefit, designed in conjunction with the Wellness Program, offers individuals the opportunity to communicate with friendly, experienced health coaches at their own pace, by phone or email depending on the participant's preference. To get started, just call **1-866-750-0512**.



WELLNESS PROGRAMS - 2008

Sponsored by the Health Care and Benefits Division
1-800-287-8266 or 444-7462 • www.benefits.mt.gov/wellness.asp



2008 Programs	Cost	Benefits
Health Screenings	Free annually to member and dependents over 18	<ul style="list-style-type: none">• Confidential screenings for glucose, cholesterol, HDL, LDL, and triglycerides• Blood pressure and body mass index• Optional health screening tests and flu shots when available• Information on risk reduction through life-style modifications
Spring Fitness	Fee varies	<ul style="list-style-type: none">• Team program designed to get people <i>active</i>
<i>Why Weight</i>	Free	<ul style="list-style-type: none">• Helps qualified members get assistance from a health coach to reach weight loss goals.
Weight Watchers		<ul style="list-style-type: none">• Helps pay for qualifying employees/dependents over 18 to join Weight Watchers and get fit with up to \$75 biennial reimbursement
Lunch 'n' Learn Series	Free	<ul style="list-style-type: none">• This educational series offers healthy-living talks by local experts
<i>Well on the Way</i>	Free	<ul style="list-style-type: none">• Assists qualified members to obtain health care services

GENERAL INFORMATION

The Wellness Program is designed to assist plan members in their effort to enhance their health. The program includes the following options:

HEALTH SCREENINGS

This program offers confidential individual health risk screenings and assessments for:

- glucose, cholesterol, HDL, LDL, and triglycerides;
- blood pressure and body mass index;
- optional screenings including PSA, TSH, CBC, Homocysteine, C-Reactive Protein, and flu shots when available.

Lab and health risk assessment results will be available for both the employee and the employee's physician as well as information on risk reduction through life-style modifications.

Health screenings are offered free every year to the medical plan member, spouses, and children over age 18. By participating in this FREE yearly screening, you save all the copayments or coinsurance that apply through your health plan.

SPRING FITNESS

This annual event helps you increase your physical activity and learn about proper nutrition and healthy life-styles. Watch for details and changes in this fun program in 2008.

HUNTER FITNESS

If you are a hunter you will want to participate in this six week program to help you get in shape for a more enjoyable and safe hunting trip. A grand prize is awarded at the end of the program.

WEIGHT WATCHERS

The Wellness Program will reimburse employees and/or dependents over 18 up to \$75/biennially if the following four criteria are met:

#1 Weight - Your beginning weight must be at least 10% over the maximum weight for your age (see Weight Watchers chart).

#2 Attendance - You must attend at least 75% of the classes offered.

#3 Achievement - You must achieve the 10% weight loss goal set in advance by the Weight Watchers instructor.

#4 Exercise - You must participate in some form of exercise three times per week and keep a journal of your exercise activities.

For more information on program qualifications and reimbursement instructions, call the Wellness Program.

LUNCH 'N' LEARN SERIES

Throughout the year, free educational lunchtime talks are offered by local experts at convenient work-site locations. A variety of healthy topics are covered and suggestions are welcome for future programs.

TELEBUDDY OF MONTANA

This program is designed to increase breast health awareness by promoting breast self exam, mammography, and clinical breast exams. Learn what is normal for you so you can detect any changes in your breasts. Do your monthly breast self exam and call a friend and remind her to do the same.

WELL ON THE WAY

By completing a confidential questionnaire, you may qualify for this program designed to assist members with obtaining necessary health care services. Call the Wellness Program for more information.

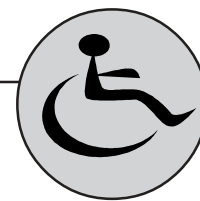
WHY WEIGHT

If you are ready to lose weight, have participated in the Health Screenings, and have a body mass index of 27 or higher, you can participate in this program. A health coach will assist you in setting and reaching your goals. Call RBH at 1-866-750-0512 for more information.

WELLNESS/BENEFITS NEWSLETTER

A newsletter updating you on benefits and wellness news is mailed to you four times a year. Make sure we have your current address so you don't miss out on articles, programs, and important benefits information.

LONG TERM DISABILITY INSURANCE - 2008



Administered by The Standard Insurance Company
For information, call the Health Care and Benefits Division • 1-800-287-8266 or 444-7462
www.benefits.mt.gov

Monthly Premiums

\$22.52 per member - Guaranteed enrollment during the Annual Change period for 2008!

GENERAL INFORMATION

Voluntary Long Term Disability (LTD) is insurance designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need.

WHO IS ELIGIBLE?

Long Term Disability (LTD) coverage is a voluntary benefit available to active employees (not including Legislators) who are enrolled in the medical plan. **Retirees and COBRA members are not eligible to participate.**

COST

The monthly premium per member is \$22.52 regardless of age or income level.

ENROLLING

To enroll in the plan, check the "yes" box in the Long Term Disability section of your Individual Benefit Statement or enroll on-line as indicated on page 5.

BENEFIT AMOUNT

The monthly LTD benefit is 60% of your insured predisability earnings, the amount you were earning before you became disabled, reduced by deductible income.

The LTD benefit amount is determined by multiplying your insured predisability earnings by the specified benefit percentage. This amount is then reduced by other income you receive or are eligible to receive while LTD benefits are payable. This other income is referred to as deductible income.

GREAT NEWS!

Employees who choose to enroll during this Annual Change Period are not subject to evidence of insurability and are guaranteed enrollment.

BENEFIT DURATION

If you become disabled and your claim for LTD benefits is approved by The Standard, LTD benefits become payable after you have been continuously disabled for 180 days and remain continuously disabled. LTD benefits are not payable during this benefit waiting period.

If you become disabled before age 60, LTD benefits may continue during disability until you reach age 65.

If you become disabled at age 60 or older, the benefit duration is determined by your age when disability begins.

If you are age 60-64 when disability begins, your maximum benefit period is five years.

For ages 65-68, the maximum is to age 70.

For ages 69 and over, the maximum is one year.

MORE INFORMATION

Long Term Disability brochures are available to provide more information on the plan. Brochures are available at www.benefits.mt.gov or by calling the Health Care and Benefits Division.

ADVANTAGES OF LTD COVERAGE

- It covers your inability to work in your own occupation for the first 24 months you are disabled, whereas, many other benefits require you to be totally disabled from all occupations.

- If you are disabled from all occupations after 24 months, benefits may continue until you reach age 65.

- It covers disabilities that occur 24 hours a day, both on and off the job.

- If your employer makes an approved work-site modification that enables you to return to work while disabled, the plan will reimburse your employer up to a pre-approved amount for some or all of the cost of the modifications.

- While LTD benefits are payable, you may qualify to participate in a rehabilitation plan that prepares you to return to work. If you qualify, the plan may pay for return to work expenses you incur, such as job search, training and education, and family care expenses.

- If you die while LTD benefits are payable, and on the date you die you have been continuously disabled for at least 180 days, a survivors benefit equal to three times your unreduced LTD benefit may be payable.

- If the group policy terminates, LTD benefits will continue as long as you are eligible to receive them.

LONG TERM CARE INSURANCE - 2008

Provided by UNUM Life Insurance Company
1-800-227-4165 • www.unum.com/enroll/stateofmontana



Options

Care Type
Plan 1
Plan 2
Plan 3

Choices

- Facility (*nursing home or assisted living*)
- Facility + Professional Home Care (*Provided by a licensed home health organization*)
- Facility + Professional Home Care + Total Home Care (*Care provided by anyone, including family members*)

Monthly Benefit

Nursing Home
Assisted Living
Home Care

- \$1,000 - \$6,000
- 60% of the selected nursing home amount
- 50% of the selected nursing home amount

Duration

3 year
6 year
Unlimited

- 3 years Nursing Home
- 6 years Nursing Home
- Unlimited Nursing Home
- or 5 years Assisted Living
- or 10 years Assisted Living
- or Unlimited Assisted Living
- or 6 years Home Care
- or 12 years Home Care
- or Unlimited Home Care

Inflation Protection

Yes
No

- 5% compounded annually
- No protection

GENERAL INFORMATION

WHO IS ELIGIBLE?

Employees, legislators, retirees, spouses, parents, and parents-in-law are eligible for the Long-Term Care Insurance Plan. This plan may be elected, changed, or dropped at anytime.

ENROLLMENT

If you would like to sign-up for the plan, check the "Long-Term Care Insurance Plan Enrollment Kit" request box on your Individual Benefits Statement Form or on-line as described on page 5. You may also request an enrollment kit by calling the Health Care and Benefits Division at 1-800-287-8266 (444-7462 in Helena) or via e-mail at benefitsquestions@mt.gov.

LONG TERM CARE OPTIONS

The Long-Term Care Insurance Plan offers a variety of options, all of which affect the monthly premium. These options are:

- Care types
- Monthly benefit amounts
- Care durations
- Inflation protections

Types of Care

Plan 1: Facility (Nursing Home or Assisted Living)

Plan 2: Facility plus Professional Home Care (provided by a licensed home health organization)

Plan 3: Facility plus Professional Home Care plus Total Home Care (provided by anyone, including family members)

Monthly Benefit Amounts

- Nursing home monthly benefit amounts of \$1,000, \$2,000, \$3,000, \$4,000, \$5,000 or \$6,000 are available.
- Assisted living facility monthly benefit amounts total 60 percent of the selected nursing home amount
- Home care monthly benefit amounts total 50 percent of the selected nursing home amount.

Duration

Three Year: Provides 3 years nursing home care, 5 years assisted living facility care, or 6 years home care.

Six Years: Provides 6 years nursing home care, 10 years assisted living facility care, or 12 years home care.

Unlimited: Provides an unlimited amount of care at a nursing home, assisted living facility, or a home.

Inflation Protection

Yes: An inflation protection of 5 percent will be compounded annually.

No: No inflation protection will be provided.

LONG-TERM CARE INSURANCE RATES

For rates with Inflation Protection, see page 30

Rates shown are for a \$1,000 Monthly Facility Benefit.
You may choose from \$1,000 - \$6,000 in Facility Monthly Benefits.

PLAN 1 Long-Term Care Facility Non-forfeiture

PLAN 2 Long-Term Care Facility Non-forfeiture Professional Home Care

PLAN 3 Long-Term Care Facility Non-forfeiture Total Home Care

Benefit Duration		3 YR	6 YR	Unlimited		3 YR	6 YR	Unlimited		3 YR	6 YR	Unlimited
Age	18 - 30	1.70	2.10	2.80		2.60	3.40	4.70		4.00	5.30	7.60
31	•	1.70	2.20	2.80	•	2.60	3.50	4.70	•	4.00	5.50	7.70
32	•	1.70	2.20	2.90	•	2.60	3.60	4.90	•	4.10	5.60	7.90
33	•	1.80	2.30	2.90	•	2.70	3.70	5.00	•	4.20	5.70	8.00
34	•	1.80	2.30	3.00	•	2.80	3.70	5.10	•	4.30	5.80	8.20
35	•	1.90	2.40	3.10	•	2.90	3.90	5.20	•	4.40	6.00	8.50
36	•	1.90	2.60	3.20	•	2.90	4.00	5.40	•	4.50	6.20	8.70
37	•	2.00	2.70	3.30	•	3.10	4.20	5.60	•	4.70	6.40	9.00
38	•	2.10	2.80	3.40	•	3.20	4.30	5.80	•	4.90	6.70	9.30
39	•	2.20	2.90	3.60	•	3.40	4.50	6.00	•	5.10	6.80	9.60
40	•	2.30	3.00	3.80	•	3.50	4.60	6.20	•	5.20	7.10	10.00
41	•	2.40	3.10	4.00	•	3.60	4.80	6.60	•	5.50	7.40	10.40
42	•	2.50	3.30	4.00	•	3.80	5.00	6.70	•	5.70	7.70	10.70
43	•	2.60	3.40	4.30	•	3.90	5.30	7.10	•	5.90	8.00	11.20
44	•	2.70	3.60	4.50	•	4.10	5.50	7.40	•	6.20	8.40	11.80
45	•	2.90	3.80	4.70	•	4.30	5.80	7.70	•	6.50	8.80	12.30
46	•	3.00	4.00	5.00	•	4.50	6.10	8.10	•	6.80	9.30	12.90
47	•	3.30	4.20	5.30	•	4.70	6.30	8.50	•	7.10	9.80	13.60
48	•	3.40	4.50	5.60	•	4.90	6.70	8.80	•	7.50	10.30	14.30
49	•	3.70	4.70	5.90	•	5.20	6.90	9.20	•	7.90	10.80	15.10
50	•	3.90	5.10	6.30	•	5.40	7.30	9.70	•	8.30	11.40	16.00
51	•	4.20	5.40	6.80	•	5.80	7.60	10.20	•	8.90	12.10	16.90
52	•	4.50	5.80	7.20	•	6.10	8.10	10.80	•	9.50	12.90	18.00
53	•	4.80	6.20	7.70	•	6.50	8.50	11.30	•	10.00	13.50	19.00
54	•	5.10	6.60	8.20	•	6.80	9.00	11.90	•	10.50	14.30	20.10
55	•	5.50	7.10	8.70	•	7.30	9.60	12.50	•	11.20	15.30	21.20
56	•	6.00	7.70	9.50	•	7.70	10.20	13.40	•	11.90	16.30	22.80
57	•	6.50	8.40	10.30	•	8.30	10.90	14.20	•	12.80	17.50	24.40
58	•	7.10	9.10	11.20	•	8.90	11.70	15.20	•	13.60	18.70	26.10
59	•	7.80	9.90	12.20	•	9.50	12.60	16.30	•	14.70	20.00	28.00
60	•	8.50	10.80	13.30	•	10.30	13.40	17.40	•	15.70	21.40	30.00
61	•	9.40	12.00	14.70	•	11.20	14.70	19.00	•	17.00	23.40	32.60
62	•	10.50	13.30	16.20	•	12.30	16.00	20.50	•	18.40	25.20	35.20
63	•	11.60	14.70	18.00	•	13.40	17.50	22.50	•	19.90	27.40	38.40
64	•	12.90	16.40	19.90	•	14.80	19.20	24.50	•	21.70	29.90	41.70
65	•	15.00	18.90	22.90	•	16.80	21.80	27.70	•	24.20	33.40	46.60
66	•	16.60	20.90	25.40	•	18.50	24.00	30.40	•	26.10	36.10	50.50
67	•	18.60	23.40	28.30	•	20.60	26.60	33.60	•	28.60	39.50	55.10
68	•	20.70	25.90	31.40	•	22.80	29.40	37.20	•	31.20	43.10	60.10
69	•	23.00	28.80	34.90	•	25.20	32.40	41.00	•	34.10	47.00	65.60
70	•	25.70	32.00	38.70	•	28.00	35.90	45.30	•	37.20	51.40	71.50
71	•	28.40	35.40	42.80	•	30.80	39.50	49.80	•	40.40	55.90	77.70
72	•	31.60	39.40	47.50	•	34.20	43.80	55.00	•	44.20	61.20	84.90
73	•	34.90	43.30	52.10	•	37.60	47.90	60.00	•	48.10	66.50	91.80
74	•	38.80	48.00	57.60	•	41.50	53.00	66.10	•	52.60	72.70	100.00
75	•	46.50	57.40	68.60	•	49.60	63.10	78.70	•	62.20	86.00	118.00
76	•	51.20	63.30	75.90	•	54.50	69.40	86.40	•	67.60	93.60	128.40
77	•	55.90	69.00	82.70	•	59.30	75.40	93.80	•	72.80	100.90	138.30
78	•	61.50	75.80	90.70	•	65.00	82.60	102.60	•	79.20	109.80	150.20
79	•	67.70	83.40	99.60	•	71.40	90.60	112.30	•	86.20	119.50	163.10
80	•	74.60	91.60	109.30	•	78.40	99.30	122.90	•	93.80	130.00	177.10
81	•	81.70	100.10	119.20	•	85.60	108.20	133.60	•	101.40	140.50	190.80
82	•	90.80	111.10	132.00	•	95.00	119.80	147.50	•	111.70	154.60	209.20
83	•	100.50	122.60	145.50	•	104.90	132.10	162.20	•	122.70	169.70	228.90
84	•	109.90	133.80	158.30	•	114.60	143.90	176.10	•	133.20	184.20	247.10

LONG-TERM CARE INSURANCE RATES

Rates shown are for a \$1,000 Monthly Facility Benefit **with Inflation Protection**.

You may choose from \$1,000 - \$6,000 in Facility Monthly Benefits.

**With
Inflation
Protection**

PLAN 1

**Long-Term Care Facility
Non-forfeiture**

PLAN 2

**Long-Term Care Facility
Non-forfeiture
Professional Home Care**

PLAN 3

**Long-Term Care Facility
Non-forfeiture
Total Home Care**

Benefit Duration		3 YR	6 YR	Unlimited		3 YR	6 YR	Unlimited		3 YR	6 YR	Unlimited
Age	18-30	6.00	7.80	10.00		8.20	10.90	14.60		11.50	15.40	21.50
	31	6.10	8.10	10.20	•	8.30	11.20	14.90	•	11.70	15.90	22.00
	32	6.20	8.20	10.60	•	8.50	11.40	15.40	•	12.00	16.20	22.50
	33	6.50	8.60	10.80	•	8.70	11.80	15.70	•	12.20	16.60	23.00
	34	6.60	8.70	11.00	•	9.00	12.00	16.00	•	12.50	17.00	23.40
	35	6.90	9.00	11.40	•	9.30	12.40	16.40	•	12.90	17.50	24.10
	36	7.00	9.20	11.70	•	9.50	12.70	16.90	•	13.20	17.90	24.60
	37	7.20	9.60	12.00	•	9.70	13.10	17.40	•	13.50	18.40	25.30
	38	7.50	9.90	12.40	•	10.10	13.50	17.80	•	14.00	19.00	26.00
	39	7.70	10.00	12.70	•	10.40	13.70	18.20	•	14.30	19.30	26.50
	40	7.90	10.40	13.00	•	10.60	14.10	18.70	•	14.60	19.80	27.30
	41	8.20	10.60	13.50	•	10.90	14.50	19.30	•	15.10	20.30	28.00
	42	8.40	10.90	13.70	•	11.20	14.90	19.60	•	15.40	20.80	28.60
	43	8.60	11.30	14.10	•	11.50	15.30	20.20	•	15.90	21.40	29.40
	44	9.00	11.70	14.60	•	11.90	15.90	20.80	•	16.40	22.10	30.30
	45	9.20	11.90	14.90	•	12.30	16.20	21.30	•	16.80	22.60	31.00
	46	9.60	12.50	15.50	•	12.60	16.80	22.00	•	17.30	23.40	32.10
	47	9.90	12.80	16.10	•	12.90	17.10	22.50	•	17.90	24.10	33.10
	48	10.20	13.20	16.60	•	13.20	17.50	23.10	•	18.40	24.90	34.20
	49	10.70	13.80	17.10	•	13.70	18.10	23.60	•	19.10	25.70	35.20
	50	11.00	14.20	17.80	•	14.00	18.50	24.30	•	19.60	26.50	36.50
	51	11.50	14.80	18.50	•	14.60	19.20	25.10	•	20.50	27.60	38.00
	52	12.10	15.50	19.30	•	15.10	19.90	25.90	•	21.30	28.70	39.40
	53	12.40	16.00	19.90	•	15.40	20.30	26.60	•	21.90	29.60	40.80
	54	12.90	16.70	20.80	•	15.90	21.10	27.40	•	22.60	30.70	42.20
	55	13.80	17.70	21.90	•	16.70	21.90	28.30	•	23.50	31.70	43.30
	56	14.50	18.60	23.00	•	17.40	22.80	29.40	•	24.50	33.10	45.20
	57	15.30	19.60	24.20	•	18.30	23.80	30.80	•	25.80	34.70	47.60
	58	16.20	20.80	25.60	•	19.10	25.00	32.10	•	26.90	36.40	49.90
	59	17.10	21.90	26.90	•	20.00	26.10	33.60	•	28.20	38.10	52.30
	60	18.30	23.10	28.40	•	21.10	27.30	35.00	•	29.60	40.00	54.80
	61	19.70	25.20	30.80	•	22.50	29.40	37.50	•	31.50	42.80	58.70
	62	21.40	27.10	33.00	•	24.20	31.30	39.70	•	33.50	45.50	62.30
	63	22.90	29.10	35.50	•	25.70	33.30	42.30	•	35.50	48.30	66.30
	64	25.00	31.60	38.40	•	27.80	35.90	45.20	•	38.00	51.70	70.80
	65	28.10	35.50	43.00	•	30.90	39.80	50.00	•	41.70	56.80	77.80
	66	30.40	38.30	46.40	•	33.10	42.70	53.70	•	44.20	60.30	82.80
	67	33.20	41.80	50.50	•	36.10	46.40	58.20	•	47.60	65.10	89.10
	68	35.90	45.20	54.60	•	38.90	50.00	62.70	•	50.80	69.40	95.10
	69	39.20	48.90	59.20	•	42.30	54.00	67.80	•	54.60	74.40	102.20
	70	42.30	52.90	64.00	•	45.50	58.20	73.10	•	58.20	79.60	109.30
	71	46.10	57.50	69.30	•	49.40	63.10	78.90	•	62.40	85.50	117.10
	72	50.20	62.70	75.50	•	53.70	68.50	85.60	•	67.20	92.10	125.90
	73	54.10	67.10	80.80	•	57.70	73.40	91.40	•	71.80	98.20	134.00
	74	59.00	73.00	87.60	•	62.60	79.60	98.80	•	77.20	105.60	143.70
	75	69.20	85.60	102.50	•	73.30	93.00	115.30	•	89.70	122.70	166.50
	76	75.30	93.00	111.50	•	79.50	100.80	125.00	•	96.40	132.10	179.20
	77	80.60	99.40	119.10	•	84.80	107.50	133.30	•	102.00	139.90	189.70
	78	87.40	107.70	128.80	•	91.80	116.10	143.70	•	109.50	150.10	203.20
	79	94.10	115.80	138.50	•	98.70	124.80	154.20	•	117.00	160.70	217.20
	80	102.20	125.60	149.80	•	106.90	135.00	166.50	•	125.80	172.70	233.10
	81	110.20	135.10	161.00	•	115.10	145.00	178.50	•	134.40	184.40	248.40
	82	120.80	147.70	175.60	•	125.80	158.20	194.40	•	146.00	200.30	269.00
	83	131.70	160.70	190.70	•	137.00	172.00	210.70	•	158.40	217.20	290.70
	84	141.70	172.70	204.20	•	147.30	184.60	225.30	•	169.40	232.60	309.90

CAREMARK NETWORK PHARMACIES

CITY	PHARMACY
Anaconda	Community Hospital CVS Pharmacy Safeway Pharmacy Thrifty Drug Store
Baker	Baker Rexall Drug Company Lawler Drug
Belgrade	Albertson's/Osco Pharmacy Lee & Dad's Pharmacy
Big Sky	Bozeman Deaconess Pharmacy
Big Timber	Cole Drug
Bigfork	Bigfork Drug
Billings	Albertson's/Osco Pharmacy - Central Ave. Albertson's/Osco Pharmacy - Grand Ave. Albertson's/Osco Pharmacy - North 27th Albertson's/Osco Pharmacy - Main St. Billings Clinic Pharmacy Billings Health & Rehabilitation Center for Healthy Aging Pharmacy Community Health Center Pharmacy Costco Pharmacy CVS Pharmacy Deaconess Billings Clinic Aspen Deaconess Medical Center Pharmacy First Pharmacy Juro's United Drugs K Mart Pharmacy NCS Healthcare of Billings Osco Drug Pharmacy 1 Planned Parenthood of Montana ShopKo Pharmacy Snyder Drug Store - Grand Snyder Drug Store - Main Snyder Drug Store - North 27th St. John's Pharmacy St. Vincent's Hospital Pharmacy Target Pharmacy Valley Health Care Center Walgreen Drug Store Wal-Mart Pharmacy - Main St. Wal-Mart Pharmacy - King Ave. Westpark Pharmacy
Bozeman	Albertson's/Osco Pharmacy Costco Pharmacy CVS Pharmacy Highland Park Pharmacy K Mart Pharmacy Medical Arts Pharmacy Osco Drug Price Rite Drug Safeway Pharmacy Smith's Pharmacy Student Health Service Pharmacy Wal-Mart Pharmacy Western Drug

*Network Pharmacies are subject to change



**MAIL ORDER
PHARMACIES**

Caremark Mail Service Pharmacy
1-888-347-5329
www.pharmacare.com

Ridgeway Pharmacy
1-800-630-3214
1-406-777-5425

CITY	PHARMACY
Broadus	Larry's IGA Pharmacy
Butte	Butte CHC Pharmacy CVS Pharmacy Driscoll Drug K Mart Pharmacy Medical Arts Pharmacy Osco Drug Safeway Pharmacy St. James Community Hospital Three Bears Pharmacy Wal-Mart Pharmacy
Chester	Liberty Drug
Chinook	Chinook Pharmacy
Choteau	Choteau Drug Inc
Columbia Falls	Good Medicine Pharmacy Pamida Pharmacy Smith's Pharmacy
Columbus	Matovich IGA Discount Drug Snyder's Western Drug
Conrad	Olson's Drug Village Drug
Corvallis	Corvallis Drug Store
Culbertson	Culbertson Pharmacy
Cut Bank	Albertson's/Osco Pharmacy DrugMart Pharmacy
Deer Lodge	Keystone Drug Safeway Pharmacy
Dillon	Mitchells Drug Safeway Pharmacy
Ekalaka	Dahl Memorial Hospital

CAREMARK NETWORK PHARMACIES

CITY	PHARMACY	CITY	PHARMACY
Ennis	Ennis Pharmacy		CVS Pharmacy - N. Montana Ave. CVS Pharmacy - Euclid Ave. K Mart Pharmacy Planned Parenthood of MT Safeway Pharmacy ShopKo Pharmacy Snyder Drug Store St. Peter's Pharmacy Wal-Mart Pharmacy
Eureka	Haines Drug - Eureka	Jordan	Foster Jordan Drug
Fairfield	Fairfield Drug	Kalispell	Albertson's/Osco Pharmacy Costco Pharmacy Evergreen Pharmacy K Mart Pharmacy Kalispell Regional Medical Center Medical Arts Pharmacy Montana Pharmaceutical Services Planned Parenthood of MT Rosauers Pharmacy ShopKo Pharmacy Smith's Pharmacy Stoick Drug Sykes Pharmacy Wal-Mart Pharmacy Walgreens Drug Store
Fairview	Mondak Pharmacy	Laurel	Gene's Pharmacy Price's Pharmacy Snyder Western Drug
Florence	Florence Pharmacy North	Lewistown	Albertson's/Osco Pharmacy Lewistown Pharmacy Pamida Pharmacy Seiden Drug Co
Forsyth	Yellowstone Pharmacy	Libby	Center Drug Frank's Express Drug Libby Drug Rosauers Pharmacy
Fort Benton	Benton Pharmacy	Lincoln	Lincoln Pharmacy
Glasgow	Fifth Avenue Pharmacy Pamida Pharmacy Valley Drug Company Western Drug of Glasgow	Livingston	Albertson's/Osco Pharmacy Pamida Pharmacy Western Drug of Livingston
Glendive	Albertson's/Osco Pharmacy F&G Pharmacy Gabert Clinic Pharmacy	Lolo	Lolo Drug
Great Falls	Albertson's/Osco Pharmacy Albertson's Pharmacy Anderson Family Pharmacy Apothecary Drug Store Clinic United Drugs CVS Pharmacy K Mart Pharmacy Osco Drug Pharmerica Planned Parenthood of MT Plaza United Drugs Public Drug Sam's Pharmacy ShopKo Pharmacy Smith's Pharmacy Snyder Drugs Spectrum Pharmacy Walgreen Drug Store Wal-Mart Pharmacy	Malta	Valley Drug Company
Hamilton	Albertson's/Osco Pharmacy Bitterroot Drug Hamilton Pharmacy Health Care Plus Timber Ridge Pharmacy	Miles City	Albertson's/Osco Pharmacy Big Sky Pharmacy Holy Rosary Healthcare Pharmacy Osco Drug Wal-Mart Pharmacy
Hardin	Pharmcare Pharmacy	Missoula	A & C Drug Albertson's/Osco Pharmacy - Oxford St. Albertson's/Osco Pharmacy - Reserve St. Albertson's/Osco Pharmacy - Russell St. Broadway Pharmacy
Harlowton	Wheatland Memorial Pharmacy		
Havre	Albertson's/Osco Pharmacy K Mart Pharmacy Northern MT Pharmacy Wal-Mart Pharmacy Western Drug Pharmacy		
Helena	Albertson's Pharmacy Bergum South Pharmacy Costco Pharmacy		

CAREMARK NETWORK PHARMACIES

CITY	PHARMACY	CITY	PHARMACY
	Costco Pharmacy		
	CVS Pharmacy	Thompson Falls	Doug's Drug
	East Gate Drug		
	Garden City Pharmacy	Three Forks	Three Forks Medical Arts Pharmacy
	Student Health Service Pharmacy		
	Hillside Health Care Center	Townsend	Townsend Drug
	K Mart Pharmacy		
	Osco Drug	Troy	Kootenai Drug
	Palmers Drug		
	Partnership Health Center	Twin Bridges	Mac's CHC Pharmacy McAlear Pharmacy
	Planned Parenthood of MT		
	Riverside Health Care Pharmacy	Warm Springs	McKesson Medication Mgt
	Rosauers Pharmacy		
	Safeway Pharmacy - Reserve St.	West Yellowstone	Yellowstone Family Pharmacy
	Safeway Pharmacy - Broadway St.		
	Savmor Drug	White Sulphur Spg	Castle Mountain Drug
	ShopKo Pharmacy		
	Tidymans Pharmacy	Whitefish	Good Medicine Pharmacy Haines Medical Pharmacy Haines Public Drug Safeway Pharmacy
	Village Health Care Center		
	Wal-Mart Pharmacy - Mullan Rd.	Whitehall	Whitehall Drug
	Wal-Mart Pharmacy - Hwy 93		
	Walgreens Drug Store	Wolf Point	Chief Redstone Health Clinic Pharmacy Gillette Pharmacy
Philipsburg	Granite County Hospital Pharmacy		
Plains	Plains Drug		
Plentywood	Plentywood Drug		
Polson	Healthcare Plus Pharmacy Safeway Pharmacy St. Joseph's Retail Pharmacy Wal-Mart Pharmacy		
Poplar	Poplar Pharmacy		
Red Lodge	Beartooth Pharmacy United Drugs Red Lodge Drug Company		
Ronan	Family Health Pharmacy R & R Health Care Solutions		
Roundup	Jorgenson Pharmacy		
Scoby	Service Drug Inc.		
Seeley Lake	Healthcare Plus Seeley Lake Pharmacy		
Shelby	Pamida Pharmacy Wells Drug		
Sidney	Pamida Pharmacy Sidney Health Center White Drug		
St. Ignatius	Mission Drug		
Stevensville	Family Pharmacy Ridgeway Pharmacy Valley Drug & Variety		
Superior	Mineral Pharmacy		

BLUE CHOICE MANAGED CARE AREAS

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Absarokee	59001	• Divide	59727	• Joplin	59531	• Pryor	59066
Acton	59002	• Dixon	59831	• Judith Gap	59453	• Ramsay	59748
Alberton	59820	• Drummond	59832	• Kalispell	59901	• Ravalli	59863
Alder	59710	• Dupuyer	59432	•	59903	• Raynesford	59469
Anaconda	59711	• Dutton	59433	•	59904	• Red Lodge	59068
Arlee	59821	• East Helena	59635	• Kevin	59454	• Rexford	59930
Augusta	59410	• East Missoula	59801	• Kila	59920	• Ringling	59642
Avon	59713	• Edgar	59026	• Kremlin	59532	• Roberts	59070
Ballantine	59006	• Elliston	59728	• Lake McDonald	59921	• Rollins	59931
Basin	59631	• Elmo	59915	• Lakeside	59922	• Ronan	59864
Bearcreek	59007	• Emigrant	59027	• Laurel	59044	• Roscoe	59071
Belfry	59008	• Ennis	59729	• Lavina	59046	• Roundup	59072
Belgrade	59714	• Ethridge	59435	• Ledger	59456	• Rudyard	59540
Belt	59412	• Eureka	59917	• Lima	59739	• Ryegate	59074
Big Arm	59910	• Fairfield	59436	• Lincoln	59639	• Saltese	59867
Bigfork	59911	• Fishtail	59028	• Livingston	59047	• Sand Coulee	59472
Big Sky	59716	• Florence	59833	• Lloyd	59535	• Sand Springs	59077
Billings	59101-59108	• Floweree	59440	• Lodge Grass	59050	• Santa Rita	59473
	59111-59112	• Fort Benton	59442	• Lolo	59847	• Seeley Lake	59868
	59114-59117	• Fort Harrison	59636	• Loma	59460	• Shawmut	59078
Black Eagle	59414	• Fort Shaw	59443	• Lonepine	59848	• Shelby	59474
Bonner	59823	• Fortine	59918	• Lothair	59461	• Shepherd	59079
Boulder	59632	• Frenchtown	59834	• Manhattan	59741	• Sheridan	59749
Box Elder	59521	• Fromberg	59029	• Marion	59925	• Silver Star	59751
Boyd	59013	• Galata	59444	• Martin City	59926	• Silverbow	59750
Bozeman	59715	• Gallatin Gateway	59730	• Martinsdale	59053	• Simms	59477
	59717-59719	• Garnett	59445	• Marysville	59640	• Somers	59932
	59771-59773	• Garrison	59731	• McAllister	59740	• Springdale	59082
Brady	59416	• Garryowen	59031	• McLeod	59052	• St. Ignatius	59865
Bridger	59014	• Geraldine	59446	• Melrose	59743	• St. Regis	59866
Broadview	59015	• Geyser	59447	• Melville	59055	• St. Xavier	59075
Buffalo	59418	• Gildford	59525	• Milltown	59851	• Stevensville	59870
Butte	59701	• Glen	59732	• Missoula	59801	• Stockett	59480
	59702	• Gold Creek	59733	•	59802	• Stryker	59933
	59703	• Grantsdale	59835	•	59803	• Sula	59871
	59707	• Great Falls	59401	•	59804	• Sun River	59483
		•	59402	•	59806	• Sunburst	59482
Bynum	59419	•	59403	•	59807	• Superior	59872
Canyon Creek	59633	•	59404	•	59808	• Swan Lake	59911
Cardwell	59721	•	59405	•	59812	• Thompson Falls	59873
Carter	59420	•	59406	• Molt	59057	• Three Forks	59752
Cascade	59421	• Greenough	59836	• Monarch	59463	• Trego	59934
Charlo	59824	• Hamilton	59840	• Musselshell	59059	• Trout Creek	59874
Chester	59522	• Hardin	59034	• Neihart	59465	• Twin Bridges	59754
Chinook	59523	• Harlowton	59036	• Norris	59745	• Two Dot	59085
Choteau	59422	• Harrison	59735	• Noxon	59853	• Uln	59485
Clancy	59634	• Haugan	59842	• Oilmont	59466	• Valier	59486
Clinton	59825	• Havre	59501	• Olney	59927	• Vaughn	59487
Clyde Park	59018	• Helena	59601-59602	• Ovando	59854	• Victor	59875
Columbia Falls	59912	•	59604	• Pablo	59855	• Virginia City	59755
Condon	59826	•	59620	• Paradise	59856	• Warm Springs	59756
Conner	59827	•	59623-59626	• Park City	59063	• West Glacier	59936
Conrad	59425	• Helmville	59843	• Pendroy	59467	• White Splhr Sprgs	59645
Coram	59913	• Heron	59844	• Philipsburg	59858	• Whitefish	59937
Corvallis	59828	• Highwood	59450	• Pinesdale	59841	• Whitehall	59759
Creston	59902	• Hingham	59528	• Plains	59859	• Whitlash	59545
Crow Agency	59022	• Hot Springs	59845	• Polaris	59746	• Wilsall	59086
Custer	59024	• Hungry Horse	59919	• Pole Bridge	59928	• Winston	59647
Cut Bank	59427	• Huntley	59037	• Polson	59860	• Wisdom	59761
Darby	59829	• Huson	59846	• Pompeys Pillar	59064	• Wise River	59762
Dayton	59914	• Inverness	59530	• Pony	59747	• Wolf Creek	59648
De Borgia	59830	• Jackson	59736	• Power	59468	• Worden	59088
Deer Lodge	59722	• Jefferson City	59638	• Pray	59065	• Zurich	59547
Dell	59724	• Joliet	59041	• Proctor	59929	•	
Dillon	59725	•		•		•	

NEW WEST MANAGED CARE AREAS

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Absarokee	59001	Dupuyer	59432	Lodge Grass	59050	Simms	59477
Acton	59002	Dutton	59433	Lolo	59847	Somers	59932
Alberton	59820	East Helena	59635	Loma	59460	Springdale	59082
Alder	59710	Edgar	59026	Lonepine	59848	Stevensville	59870
Anaconda	59711	Elliston	59728	Loring	59537	Stockett	59480
Angela	59312	Elmo	59915	Malta	59538	Stryker	59933
Arlee	59821	Emigrant	59027	Manhattan	59741	Sula	59871
Augusta	59410	Ethridge	59435	Marion	59925	Sum River	59483
Avon	59713	Fairfield	59436	Martin City	59926	Sunburst	59482
Ballantine	59006	Fallon	59326	Martinsdale	59053	Superior	59872
Basin	59631	Fishtail	59028	Marysville	59640	Terry	59349
Bearcreek	59007	Florence	59833	McLeod	59052	Thompson Falls	59873
Belfry	59008	Forsyth	59327	Melville	59055	Three Forks	59752
Belgrade	59714	Fort Harrison	59636	Mildred	59341	Toston	59643
Belt	59412	Fort Shaw	59443	Miles City	59301	Townsend	59644
Big Arm	59910	Frenchtown	59834	Milltown	59851	Troy	59935
Big Sandy	59520	Fromberg	59029	Missoula	59801-59804	Twin Bridges	59754
Big Sky	59716	Galata	59444		59806-59808	Two Dot	59085
Big Timber	59011	Gallatin Gateway	59730		59812	Ulm	59485
Bigfork	59911	Garneill	59445	Molt	59057	Vaughn	59487
Billings	59101-59108	Garrison	59731	Musselshell	59059	Victor	59875
	59111-59117	Garryowen	59031	Neihart	59465	Warm Springs	59756
Black Eagle	59414	Gildford	59525	Noxon	59853	West Glacier	59936
Bonner	59823	Glen	59732	Oilmont	59466	Whitefish	59937
Boulder	59632	Gold Creek	59733	Pablo	59855	White Sulphur	59645
Box Elder	59521	Grantsdale	59835	Paradise	59856	Springs	
Boyd	59013	Great Falls	59401-59406	Park City	59063	Whitehall	59759
Bozeman	59715	Greenough	59836	Philipsburg	59858	Whitewater	59544
	59717-59719	Hall	59837	Pinesdale	59841	Wilsall	59086
	59771-59773	Hamilton	59840	Plains	59859	Winston	59647
Bridger	59014	Hardin	59034	Polaris	59746	Wolf Creek	59648
Broadview	59015	Harlowton	59036	Polebridge	59928	Worden	59088
Brusett	59318	Hathaway	59333	Polson	59860	Zurich	59547
Buffalo	59418	Havre	59501	Pompeys Pillar	59064		
Butte	59701-59703	Helena	59601-59602	Power	59468		
	59707		59604	Pray	59065		
	59750		59620	Proctor	59929		
			59623-59626	Pryor	59066		
Canyon Creek	59633	Heron	59844	Radersburg	59641		
Cardwell	59721	Hingham	59528	Ramsay	59748		
Cascade	59421	Hot Springs	59845	Rapelje	59067		
Charlo	59824	Hungry Horse	59919	Ravalli	59863		
Chester	59522	Huntley	59037	Raynesford	59469		
Chinook	59523	Huson	59846	Red Lodge	59068		
Choteau	59422	Hysham	59038	Reed Point	59069		
Clancy	59634	Inverness	59530	Ringling	59642		
Clinton	59825	Jefferson City	59638	Roberts	59070		
Clyde Park	59018	Joliet	59041	Rollins	59931		
Cohagen	59322	Joplin	59531	Ronan	59864		
Colstrip	59323	Jordan	59337	Roscoe	59071		
Columbia Falls	59912	Judith Gap	59453	Rosebud	59347		
Columbus	59019	Kalispell	59901-59904	Roundup	59072-59073		
Condon	59826	Kevin	59454	Rudyard	59540		
Coram	59913	Kila	59920	Ryegate	59074		
Corvallis	59828	Kinsey	59338	Saco	59261		
Crow Agency	59022	Kremlin	59532	Saint Ignatius	59865		
Custer	59024	Lake McDonald	59921	Saint Regis	59866		
Darby	59829	Lakeside	59922	Saint Xavier	59075		
Dayton	59914	Laurel	59044	Sand Coulee	59472		
Deer Lodge	59722	Lavina	59046	Sanders	59076		
Dillon	59725	Ledger	59456	Shawmut	59078		
Divide	59727	Libby	59923	Shelby	59474		
Dixon	59831	Livingston	59047	Shepherd	59079		
Dodson	59524	Lloyd	59535	Silver Star	59751		
Drummond	59832						

PEAK HEALTH AREAS

City	Zip Code
Acton	59002
Anaconda	59711
Ballantine	59006
Bearcreek	59007
Belfry	59008
Bighorn	59010
Billings	59101
	59102
	59103
	59104
	59105
	59106
	59107
	59108
	59111
	59112
	59114
	59115
	59116
	59117
Boyd	59013
Bridger	59014
Broadview	59015
Busby	59016
Butte	59701
	59702
	59703
	59707
	59750
Cardwell	59721
Colstrip	59323
Crow Agency	59022
Custer	59024
Decker	59025
Deer Lodge	59722
Divide	59727
Edgar	59026
Forsyth	59327
Fromberg	59029
Garrison	59731
Garryowen	59031
Gold Creek	59733
Hardin	59034
Huntley	59037
Hysham	59038
Joliet	59041
Lame Deer	59043
Lavina	59046
Melrose	59743
Ramsay	59748
Rosebud	59347
Rygate	59074
Sanders	59076
Shepherd	59079
Warm Springs	59756
Whitehall	59759
Worden	59088
Wyola	59089
Yellowtail	59035

PARTICIPATING FACILITIES - TRADITIONAL PLAN

Preferred 20% Coinsurance

Anaconda	Community Hospital of Anaconda
Baker	Fallon Medical Complex
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	Billings Cataract and Laser Surgicenter Billings Clinic Health South Surgery Center LaGreca Eye Clinic/Surgicenter St. Vincent Healthcare Yellowstone Surgery Center
Bozeman	Bozeman Deaconess Hospital Rocky Mountain Surgical Center Same Day Surgery Center
Butte	St. James Community Healthcare Summit Surgery Center
Chester	Liberty County Hospital
Choteau	Teton Medical Center
Circle	McCone County Health Center
Columbus	Stillwater Community Hospital
Conrad	Pondera Medical Center
Culbertson	Roosevelt Memorial Medical Center
Cut Bank	Northern Rockies Medical Center
Deer Lodge	Powell County Memorial Hospital
Dillon	Barrett Hospital & Health Care
Ennis	Madison Valley Hospital
Forsyth	Rosebud Health Care Center
Fort Benton	Missouri River Medical Center
Glasgow	Frances Mahon Deaconess Hospital
Glendive	Glendive Medical Center
Great Falls	Benefis Healthcare Central Montana Surgical Hospital Great Falls Clinic Surgery Center Pacific Cataract and Laser Institute
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	Helena SurgiCenter St. Peter's Hospital

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•	
•	Kalispell
•	Heathcenter Northwest
•	Kalispell Regional Medical Center
•	Orthopedic Surgery Center
•	Lewistown
•	Central Montana Medical Center
•	Libby
•	St. John's Lutheran Hospital
•	Livingston
•	Livingston Healthcare
•	Malta
•	Phillips County Medical Center
•	Miles City
•	Holy Rosary Healthcare
•	Missoula
•	Big Sky Surgery Center
•	Community Medical Center
•	Missoula Bone & Joint Surgery Center
•	Providence Surgery Center
•	St. Patrick Hospital and Health Sciences
•	Philipsburg
•	Granite County Medical Center
•	Plains
•	Clark Fork Valley Hospital
•	Plentywood
•	Sheridan Memorial Hospital
•	Polson
•	St. Joseph Hospital
•	Poplar
•	Poplar Community Hospital
•	Red Lodge
•	Beartooth Hospital and Health Center
•	Ronan
•	St. Luke Community Hospital
•	Roundup
•	Roundup Memorial Hospital
•	Scobey
•	Daniels Memorial Hospital
•	Shelby
•	Marias Medical Center
•	Sheridan
•	Ruby Valley Hospital
•	Sidney
•	Sidney Health Center
•	Superior
•	Mineral Community Hospital
•	Terry
•	Prairie Community CAH
•	Townsend
•	Broadwater Health Center
•	Whitefish
•	North Valley Hospital
•	White Sulphur
•	Mountainview Medical Center
•	Springs
•	Wolf Point
•	Northeast Montana Health Services

Non-preferred 35% Coinsurance

•	Ekalaka	Dahl Memorial Healthcare
•	Helena	Shodair Hospital
•	Jordan	Garfield County Health Center

All other 25% Coinsurance

PARTICIPATING HOSPITALS - MANAGED CARE PLANS

BLUE CHOICE

City	Hospital
Anaconda	Community Hospital of Anaconda
Billings	St. Vincent Healthcare
Bozeman	Bozeman Deaconess Hospital
Butte	St. James Healthcare
Chester	Liberty County Hospital
Choteau	Teton Medical Center
Conrad	Pondera Medical Center
Dillon	Barrett Memorial Hospital
Ennis	Madison Valley Hospital
Fort Benton	Missouri River Medical Center
Great Falls	Benefis Healthcare
	Central Montana Surgical Hospital
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	St. Peter's Hospital
Kalispell	Healthcenter Northwest
	Kalispell Regional Medical Center
Livingston	Livingston Memorial Hospital
Miles City	Holy Rosary Healthcare
Missoula	Community Medical Center
	St. Patrick Hospital and Health Sciences Center
Plains	Clark Fork Valley Hospital
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital and Health Center
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Hospital
Shelby	Marias Medical Center
Sheridan	Ruby Valley Hospital
Superior	Mineral Community Hospital
White Sulphur Springs	Mountainview Medical Center
Whitefish	North Valley Hospital

PEAK HEALTH

City	Hospital
Anaconda	Community Hospital of Anaconda
Billings	St. Vincent Healthcare
Butte	St. James Community Hospital
Deer Lodge	Powell County Memorial Hospital
Forsyth	Rosebud Health Care Center
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Red Lodge	Beartooth Hospital and Health Center

NEW WEST HEALTH PLAN

City	Hospital
Anaconda	Community Hospital of Anaconda
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	Billings Clinic Hospital
Bozeman	Bozeman Deaconess Hospital
Butte	St. James Healthcare
Chester	Liberty County Memorial
Chinook	Sweet Medical Center
Choteau	Teton Medical Center
Columbus	Stillwater Community Hospital
Deer Lodge	Powell County Memorial Hospital
Dillon	Barrett Hospital & Healthcare
Forsyth	Rosebud Health Care Center
Great Falls	Benefis Health Care
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	Shodair Hospital
	St. Peter's Hospital
Jordan	Garfield County Health Center
Kalispell	Kalispell Regional Medical Center
Libby	St. John's Lutheran Hospital
Livingston	Livingston Memorial Hospital
Malta	Phillips County Hospital
Miles City	Holy Rosary Healthcare
Missoula	Community Medical Center
	St. Patrick Hospital and Health Sciences Center
Phillipsburg	Granite County Medical Center Hospital
Plains	Clark Fork Valley Hospital
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital Health
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Hospital
Shelby	Marias Medical Center
Sidney	Sidney Health Center
Superior	Mineral Community Hospital
Terry	Prairie Community Health Center
Townsend	Broadwater Health Center
White Sulphur Springs	Mountainview Medical Center
Whitefish	North Valley Hospital

MONTHLY OUT-OF-POCKET BENEFIT PREMIUM COSTS

STATE CONTRIBUTION FOR 2008

ACTIVE EMPLOYEES \$ 590.00 (a)
RETIREES \$ 0.00 (a)

CORE BENEFITS

MEDICAL PLAN (See rates on pages 8 & 9)

CHOOSE ONE

Traditional:	\$	_____	(b)
Blue Choice:	\$	_____	(b)
New West:	\$	_____	(b)
Peak Health:	\$	_____	(b)

DENTAL PLAN (See rates on page 18) \$ _____ (c)

BASIC LIFE INSURANCE OF \$14,000 (Page 24 – Retirees, please see eligibility section) \$ 1.90 (d)

TOTAL CORE BENEFITS PREMIUM Add lines b, c, and d = \$ _____ (e)

OPTIONAL BENEFITS (Retirees are only eligible for Long-Term Care and Vision in this section)

FLEXIBLE SPENDING ACCOUNTS (Page 21 - 23) Medical FSA \$ _____ (g)
Dependent Care FSA \$ _____ (h)
Required administrative fee of \$2.16 if an amount is entered on line g and/or h \$ _____ (i)

VISION PLAN (See Rates on Page 19) \$ _____ (j)

LIFE INSURANCE (See rates on page 24) Dependent Life for \$.52 (\$2,000/spouse; \$1,000/child) \$ _____ (k)
Optional Employee Life (Age rate x every \$1,000 of coverage) \$ _____ (l)
Supplemental Spouse (Age rate x every \$1,000 of coverage) \$ _____ (m)
Accidental Death & Dismemberment (\$.020 or \$.030 (with dependents) x every \$1,000 of coverage) \$ _____ (n)

LONG TERM DISABILITY (See Rates on Page 27) \$ _____ (o)

LONG TERM CARE (See Rates on Pages 29 & 30) \$ _____ (p)

OPTIONAL BENEFITS PREMIUM Add lines g, h, i, j, k, l, m, n, o and p = \$ _____ (q)

TOTAL MONTHLY OUT-OF-POCKET COSTS FOR 2008 BENEFITS

CORE BENEFITS Enter amount from line e \$ _____ (r)
OPTIONAL BENEFITS Enter amount from line q \$ _____ (s)
TOTAL BENEFITS Add lines r and s \$ _____ (t)
STATE CONTRIBUTION Enter amount from line a \$ _____ (u)
TOTAL MONTHLY OUT-OF-POCKET COSTS FOR 2008 BENEFITS Subtract line u from t \$ _____

NOTES
